Technical Assistance Sampler on:

Protective Factors/ Resiliency

Protective Factors/Resiliency

Barriers (Risk Factors), Protective Buffers, and Promoting Full Development

As terms such as resilience and protective factors are popularized, confusion and some controversies have arisen. In particular, an ongoing discussion centers on how to reconcile differences among advocates of addressing risks and those who stress asset building and youth development. Perhaps the following distinctions will help.

> *Risk factors*. One way to think about risk factors is in terms of potential external and internal barriers to development and learning. Research indicates that the primary causes for most youngsters' learning, behavior, and emotional problems are external factors (related to neighborhood, family, school, and/or peers). For a few, problems stem from individual disorders and differences. One facet of any emphasis on addressing barriers is guided by the research on risk factors.

> *Protective factors.* Protective factors are conditions that *buffer* against the impact of barriers (risk factors). Such conditions may prevent or counter risk producing conditions by promoting development of neighborhood, family, school, peer, and individual strengths, assets, corrective interventions, coping mechanisms, and special assistance and accommodations. The term *resilience* usually refers to an individual's ability to cope in ways that buffer. Research on protective buffers also guides efforts to address barriers.

> *Promoting full development.* As often is stressed, being problem-free is not the same as being well-developed. Efforts to reduce risks and enhance protection can help minimize problems but are insufficient for promoting full development, well-being, and a value-based life. Those concerned with establishing systems for promoting healthy development recognize the need for direct efforts to promote development and empowerment, including the mobilization of individuals for self-pursuit. In many cases, interventions to create buffers and promote full develop-ment are identical, and the pay-off is the cultivation of developmental strengths and assets. However, promoting healthy development is not limited to countering risks and engendering protective factors. Efforts to promote full development represent ends which are valued in and of themselves and to which most of us aspire

Considerable bodies of research and theory have identified major correlates that are useful guideposts in designing relevant interventions. And, as the examples in the box on the next page illustrate, there is a significant overlap in conceptualizing the various factors. Some barriers to development and learning (risk factors) and protective buffers are mirror images; others are distinct. Many protective buffers are outcomes of efforts to engender full development. From the perspective of interventions designed to address barriers to learning and development, promoting healthy development is the other side of the coin, and when these are done well, resilient behavior, individual assets, and healthy behavior in children and adolescents are engendered.

Thus, protective buffers are a natural by-product of comprehensive, multifaceted efforts to reduce risk factors and foster positive development, but the aims of such efforts go well beyond what research has established so far as protective factors It is a mistake, of course, to jump too quickly from research that identifies compelling correlates to making assumptions about cause and effect. This is especially so when one understands that behavior is reciprocally determined (i.e., is a function of person and environment transactions). Many concepts labeled as risk and protective factors are so general and abstract (e.g., community disorganization, quality of school) that they will require many more years of research to identify specific causal variables. At the same time, it is evident that these general areas are of wide contemporary concern and must be addressed in ways that represent the best evidence and wisdom that can be derived from the current knowledge base. The same is true of efforts to promote development.

Another mistake is to take lists of risk factors, symptoms, or assets and directly translate them into specific intervention objectives. The temptation to do so is great – especially since such objectives often can be readily measured. Unfortunately, this type of approach is one of the reasons there is so much inappropriate and costly program and service fragmentation. It is also a reason why so many empirically supported interventions seem to account for only a small amount of the variance in the multifaceted problems schools must address in enabling student learning. And, with respect to promoting development, such a piecemeal approach is unlikely to produce holistic results.

Any school where large numbers of students manifest learning, behavior, and emotional problems needs to implement a comprehensive, multifaceted, and cohesive continuum of interventions. This continuum must address barriers (reducing risks, enhancing buffers) and promote full development. Policy makers and researchers must move beyond the narrow set of empirically supported programs to a research and development agenda that pieces together systematic, comprehensive, multifaceted approaches so that schools are effective in re-engaging the many students who have become disengaged from classroom learning and who are leaving school in droves.

Examples of Barriers to Learning/Development, Protective Buffers, & Promoting Full Development*

E N V I R O N M E N T A L   C O N D I T I O N S**   PERSON FACTORS**

I. Barriers to Development and Learning (Risk producing conditions)

Neighborhood	*Family*	*School and Peers*	*Individual*
>extreme economic deprivation >community disorganization, including high levels of mobility >violence, drugs, etc. >minority and/or immigrant status	>chronic poverty >conflict/disruptions/violence >substance abuse >models problem behavior >abusive caretaking >inadequate provision for quality child care	>poor quality school >negative encounters with teachers >negative encounters with peers &/or inappropriate peer models	>medical problems >low birth weight/ neurodevelopmental delay >psychophysiological problems >difficult temperament & adjustment problems

II. Protective Buffers (Conditions that prevent or counter risk producing conditions – strengths, assets, corrective interventions, coping mechanisms, special assistance and accommodations)

Neighborhood	*Family*	*School and Peers*	*Individual*
>strong economic conditions/ emerging economic opportunities >safe and stable communities >available & accessible services >strong bond with positive other(s) >appropriate expectations and standards >opportunities to successfully participate, contribute, and be recognized	>adequate financial resources >nurturing supportive family members who are positive models >safe and stable (organized and predictable) home environment >family literacy >provision of high quality child care >secure attachments – early and ongoing	>success at school >positive relationships with one or more teachers >positive relationships with peers and appropriate peer models >strong bond with positive other(s)	>higher cognitive functioning >psychophysiological health >easy temperament, outgoing personality, and positive behavior >strong abilities for involvement and problem solving >sense of purpose and future >gender (girls less apt to develop certain problems)

III. Promoting Full Development (Conditions, over and beyond those that create protective buffers, that enhance healthy development, well-being, and a value-based life)

Neighborhood	*Family*	*School and Peers*	*Individual*
>nurturing & supportive conditions >policy and practice promotes healthy development & sense of community	>conditions that foster positive physical & mental health among all family members	>nurturing & supportive climate school-wide and in classrooms >conditions that foster feelings of competence, self-determination, and connectedness	>pursues opportunities for personal development and empowerment >intrinsically motivated to pursue full development, well-being, and a value-based life

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*For more on these matters, see:

Huffman, L.,Mehlinger, S., Kerivan, A. (2000). *Research on the Risk Factors for Early School Problems and Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School.* The Child and Mental Health Foundation and Agencies Network. http://www.nimh.nih.gov/childp/goodstart.cfm

Hawkins, J.D. & Catalano, R.F. (1992). *Communities That Care.* San Francisco: Jossey-Bass.

Deci, E. & Ryan, R. (1985). *Intrinsic Motivation and Self-Determination in Human Behavior.* New York: Plenum.

Strader, T.N., Collins, D.A., & Noe, T.D. (2000). *Building Healthy Individuals, Families, and Communities: Creating Lasting Connections.* New York: Kluwer Academic/Plenum Publishers

Adelman, H.S. & Taylor, L. (1994). *On Understanding Intervention in Psychology and Education.* Westport, CT: Praeger.

**A reciprocal determinist view of behavior recognizes the interplay of environment and person variables. See the work of Piaget, Vygotsky, Bruner, Bandura, etc.

Implications of Resilience Concepts for Scientific Understanding

by Michael Rutter

Resilience is an interactive concept that refers to a relative resistance to environmental risk experiences, or the overcoming of stress or adversity. As such, it differs from both social competence positive mental health. Resilience differs from traditional concepts of risk and protection in its focus on individual variations in response to comparable experiences. Accordingly, the research focus needs to be on those individual differences and the causal processes that they reflect, rather than on resilience as a general quality. Because resilience in relation to childhood adversities may stem from positive adult experiences, a life-span trajectory approach is needed. Also, because of the crucial importance of gene-environment interactions in relation to resilience, a wide range of research strategies spanning psychosocial and biological methods is needed. Five main implications stem from the research to date: (1) resistance to hazards may derive from controlled exposure to risk (rather than its avoidance); (2) resistance may derive from traits or circumstances that are without major effects in the absence of the relevant environmental hazards; (3) resistance may derive from physiological or psychological coping processes rather than external risk or protective factors; (4) delayed recovery may derive from "turning point" experiences in adult life; and (5) resilience may be constrained by biological programming or damaging effects of stress/adversity on neural structures.
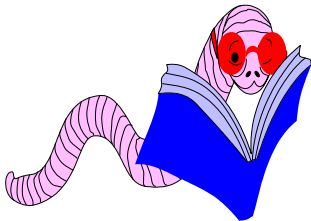
From Research To Practice
The Foundations of the Resiliency Paradigm
by Bonnie Benard

Ultimately, resiliency research provides a mandate for social change -- it is a clarion call for creating these relationships and opportunities in all human systems throughout the lifespan. Changing the status quo in our society means changing paradigms, both personally and professionally, from risk to resilience, from control to participation, from problem-solving to positive development, from Eurocentrism to multi-culturalism, from seeing youth as problems to seeing them as resources, from institution-building to community-building, and so on. Personally, fostering resilience is an inside-out, deep structure process of changing our own belief systems to see resources and not problems in youth, their families, and their cultures. However, fostering resilience also requires working on the policy level for educational, social, and economic justice.

Ultimately, it means transforming not only our families, schools, and communities but creating a society premised on meeting the needs of its citizens, young and old. Our greatest hope for doing just this lies with our youth and begins with our belief in them. We must know in our hearts that when we create communities wherever we are with youth that respect and care for them as individuals and invite their participation -- their critical inquiry, dialogue, reflection, and action -- we are creating the conditions that allow their innate potential for social competence, problem-solving, sense of identity and efficacy, and hope for the future to unfold. And, in the process, we are building a critical mass of future citizens who will, indeed, rescind the mean-spirited, greed-based, control-driven social policies we now have and recreate a social covenant grounded in social and economic justice.

I. What is Resiliency?

- Resilience in the Face of Adversity: Protective Factors and Resistance to Psychiatric Disorder

- Fostering Resiliency

- Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community

I. What is Resiliency?

Excerpts from:

Resilience in the Face of Adversity
Protective Factors and Resistance to Psychiatric Disorder
By Michael Rutter

. . . Rather misleadingly, but understandably in terms of the word 'invulnerable' that had been introduced, people came to consider that they could not give way under the pressures of stress and adversity. The notion was wrongheaded in at lease three respects: the resistance to stress is relative, not absolute; the bases of the resistance are both environmental and constitutional; and the degree of resistance is not a fixed quality- rather, it varies over time and according to circumstance. For all these reasons, most people now prefer to use the relative concept of resilience rather than the absolute notion of invulnerability. . .

. . . it does not seem that perceived adequacy of personal relationships may protect against disorder only in the presence of adversity- i.e. a buffering influence. . .

. . . Protective factors refer to influences that modify, ameliorate or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome. . .

- a sense of self-esteem and self-efficacy makes successful coping more likely, while a sense of helplessness increases the likelihood that one adversity will lead to another. It should be noted, however, that this cognitive set is not a fixed personality trait; it may change with altered circumstances. . .

. . . a person's response to any stressor will be influenced by his appraisal of the situation and by his capacity to process the experience, attach meaning to it, and incorporate it into his belief system. Age-related susceptibilities are important in that connection: babies may be protected by their cognitive incapacities, but older children may be more resilient as a result of their great level of understanding. Secondly, it matters greatly how people deal with adversities and life stressors- perhaps not so much in the particular coping strategy employed but in the fact that they do *act* and not simply react. Thirdly, people's ability to act positively is a function of their self-esteem and feelings of self-efficacy as much as of their range of problem-solving skills. Fourthly, such a cognitive set seems to be fostered by features as varied as secure stable affectional relationships and success, achievement, and positive experiences, as well as by temperamental attributes. Fifthly, such personal qualities seem to be operative as much in their effects on interactions with and responses from other people, as in their role in regulating individual responses to life events. Sixthly, coping successfully with stress situations can be strengthening: throughout life, it is normal to have to meet challenges and overcome difficulties. The promotion of resilience does not lie in an avoidance of stress, but rather in encountering stress at a time and in a way that allows self-confidence and social competence to increase through mastery and appropriate responsibility. Lastly, all the evidence points to the importance of developmental links. Protection does not primarily lie in the buffering effect of some supportive factor, operating at one pone in time, or even over a prolonged time. Rather, the quality of resilience resides in how people deal with life changes and what they do about their situations. That quality is influenced by early life experiences, by happening during later childhood experiences, and by circumstances in adult life. None of these is in itself determinative of later outcomes, but in combination they may serve to create a chain of indirect linkages that foster escape from adversity. It cannot be claimed that we have an adequate understanding of how this development takes place, but already the little we do know provides pointers to the elements likely to be necessary in effective prevention and therapeutic intervention.

I. What is Resiliency?

B. Fostering Resiliency

Can we go back and make up for what we didn't know when our children were younger?

Recent Hot Topics articles have highlighted what science has to say about what young brains need in order to develop to their fullest potential. We have looked at the importance of providing the optimum physical environment, and potentially devastating consequences of drugs and other toxins on our babies' developing brains. The wisdom of assuring a secure attachment to a responsive primary caregiver and of providing lots of language cannot be overestimated. But, what if, for any of a variety of reasons, a child missed these crucial elements in the earlier part of her life? Is all lost? Should we just forget her, wring our hands sadly, and wonder what's to become of her?

Research demonstrates that while such a child may be at risk, children's brains are resilient. If vulnerability is answered with intervention and protective factors, children are "able to live productive lives, exhibiting competence, confidence, and caring. (Werner, E.E., & Smith, R.S., 1992. Overcoming the odds: High risk children from birth to adulthood.) While there are times, critical periods, that are most opportune for developing particular skills, there is never a right time to give up on a child.

For instance, in *Paving the way for lifelong thinkers,* the discussion mentioned that the critical period for language acquisition was quite early in a child's life. But, what happens when a child is deprived of a rich language experience during that time, will he never talk? While his language skills would likely be greater if they had been developed under the more positive circumstances, all is not lost. There are ways to enhance his language development.

We, as parents, would want to offer that child all of the experiences missed earlier. It is not too late to fill his world with caring, supportive caregivers who are willing to offer lots of interaction with words through a rich variety of sources. We would chat endlessly together in the car and while waiting in line at the bank. Making a personal connection with him by talking about the things that interest him, through give and take conversation and

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open-ended questions expands his thinking skills. Listening carefully and writing down his ramblings as he draws a picture after a conversation, or story, would be a sign to him that he and his voice are important. Encouraging him to act out stories and other dramatic scenes, for us, or with us, would appear to be our pleasure.

We would sing to her and with her even at the expense of humiliating ourselves! The poet in us would spring forth and we would laugh at ourselves with that child while we tried to cultivate the talent together. We would play in many silly ways with words and rhymes, and limericks. We would read and reread her favorite stories. We would allow her to see us reading even the instructions and ingredients on packaging. Providing writing, drawing, and painting materials would be a priority, as would be providing a fun collection of props for pretend play. There would be books, magazines, and sources of print everywhere.

Children's brains respond to caring adults in their lives. Attachment to a responsive caregiver is a most crucial protective factor for children whose environments present multiple risk factors. According to the Werner and Smith (1992) longitudinal study of a multiracial cohort of 698 infants on the Hawaiian island of Kauai, the availability of caregivers who provided them with a secure base for the development of trust, autonomy, and initiative, was a key

protective factor for the children. Resilient children are children who remain competent despite exposure to misfortune or to stressful events. (Rutter, M. 1985. Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder.) Characteristics of resilient children include (Demos, V. 1989. Resiliency in Infancy.):

- A sense of self-esteem and self-efficacy, which allows the child to cope successfully with challenges

- An active stance toward an obstacle or difficulty

- The ability to see a difficulty as a problem that can be worked on, overcome, changed, endured, or resolved on some way

- Reasonable persistence, with an ability to know when "enough is enough"

- A capacity to develop a range of strategies and skills to bear on the problem, which can be used in a flexible way

When we demonstrate to children through our care that we believe they are capable and can exercise some control in their lives- when we model these skills for them- when we supply a balance of support and opportunity to grow, we foster resiliency in our children.

I. What is Resiliency?

C. Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community

By Bonnie Benard

...recently, we are hearing preventioninsts talk about "protective factors," about building "resiliency" in youth, about basing our strategies on what research has told us about the environmental factors that facilitate the development of youth who do not get involved in life-compromising problems...

Protective Factors:
A Research Base for the Prevention Field

Historically, the social and behavioral sciences have followed a problem-focused approach to studying human and social development. This "pathology" model of research traditionally examines problems, disease, illness, maladaptation, incompetence, deviance, etc. The emphasis has been placed on identifying the risk factors of various disorders like alcoholism, schizophrenia and other mental illnesses, criminality, delinquency, etc...

This retrospective research approach even became problematic for investigators focused on studying risks for the development of "problem behaviors," for they were stymied by the issue of whether abnormalities in people already diagnosed as schizophrenic, criminal, or alcoholic were the causes or consequences of schizophrenia or alcoholism...

...a few researchers decided to circumvent this dilemma by studying individuals postulated to be at high risk for developing certain disorders— children growing up under conditions of great stress and adversity such as neonatal stress, poverty, neglect, abuse, physical handicaps, war, and parental schizophrenia, depression, alcoholism, and criminality. This risk research, therefore, used a prospective research design which is developmental and longitudinal, assessing children at various times during the course of their development in order to better understand the nature of the risk factors that result in the development of a disorder.

As the children studied in these various longitudinal projects grew into adolescence and adulthood, a consistent—and amazing—finding emerged: while a certain percentage of these high-risk children developed various problems (a percentage higher than in the normal population), a greater percentage of the children became healthy, competent young adults...

The above finding, along with the increasing theoretical acceptance in the child development field of the transactional-ecological model of human development in which the human personality is viewed as a self-righting mechanism that is engaged in active, ongoing adaptation to its environment (see Bronfenbrenner, 1974), has resulted in a growing research interest in moving beyond the identification of risk factors for the development of a problem behavior to an examination of the "protective" factors, those "traits, conditions, situations, and episodes, that appear to alter—or even reverse —predictions of [negative outcome] and enable individuals to circumvent life stressors" (Segal, 1986; Garmezy, 1991). The importance of this research to the prevention field is obvious...

While researchers have commonly categorized protective factors according to those falling within the domains of individual personality attributes or dispositions, family characteristics, and environmental influences (i.e., peers, school, and community), the discussion here will begin with a profile of the resilient child (as opposed to the "protective factors within the personality system") and then will examine the protective factors consistently found in the family, the school, and the community arenas. In order to avoid falling into the pathology paradigm and "blaming the

victim" syndrome with its concomitant focus on "fixing kids," our perspective is that personality and individual outcomes are the result of a transactional process with one's environment. To be successful, prevention interventions must focus on enhancing and creating positive environmental contexts—families, schools, and communities that, in turn, reinforce positive behaviors.

Profile of the Resilient Child

A phrase occurring often in the literature sums up the resilient child as one who "works well, plays well, loves well, and expects well" (Garmezy, 1974; Werner and Smith, 1982). Since this is a little too abstract for most researchers, the following more specific attributes have been consistently identified as describing the resilient child.

- *Social Competence*

This commonly identified attribute of resilient children usually includes the qualities of responsiveness, flexibility, empathy and caring, communication skills, a sense of humor, and any other prosocial behavior. Resilient children are considerably more responsive (and can elicit more positive responses from others), more active, and more flexible and adaptable even in infancy (Werner and Smith, 1982; Demos, 1989). furthermore, a great number of resilient children have a sense of humor, that is, they have the ability to generate comic relief and find alternative ways of looking at things as well as the ability to laugh at themselves and ridiculous situations (Masten, 1986). As a result, resilient children -from early childhood on- tend to establish more positive relationships with others, including friendships with their peers (Berndt and Ladd, 1989; Werner and Smith, 1988)...

- *Problem-Solving Skills*

These skills include the ability to think abstractly, reflectively, and flexibly and to be able to attempt alternate solutions for both cognitive and social problems. As with social competence, studies on adults experiencing psychosocial problems have also consistently identified their lack of problem-solving skills*

- *Autonomy*

Different researchers have used different terms to refer to autonomy...
Essentially, the protective factor researchers are talking about is a sense of one's own identity and an ability to act independently and exert some control over one's environment...

- *Sense of Purpose and Future*

Related to a sense of autonomy and self-efficacy and the belief that one can have some degree of control over one's environment is another characteristic of resilient children—a sense of purpose and future. Within this category fall several related attributes invariably identified in the protective factor literature: healthy expectancies, goal-directedness, success orientation, achievement
motivation, educational aspirations, persistence, hopefulness, hardiness, belief in a bright future, a sense of anticipation, a sense of a compelling future, and a sense of coherence. This factor appears to be a most powerful Predictor of positive outcome...

Protective Factors Within the Family

What clearly emerges as a powerful predictor of the outcome for children and youth is the quality of the immediate care giving environment, which is determined by the following characteristics.

- *Caring and Support*

What is evident from nearly all the research into the family environments of resilient children is that, "despite the burden of parental psycho-pathology, family discord, or chronic poverty, most children identified as resilient have had the opportunity to establish a close bond with at least one person

- *High Expectations*

Research into why some children growing up in poverty still manage to be successful in school and in young adulthood has consistently identified high parental expectations as the contributing factor.

- *Encourage Children's Participation*

A natural outgrowth of having high expectations for children is that they are acknowledged as valued participants in the life and work of their family. Research has borne out that family background of resilient children is usually characterized by any opportunities for the children to participate and contribute in meaningful ways.

Protective Factors Within the School

In the last decade the literature on the power of the school to influence the outcome for children from high-risk environments has burgeoned (Austin, 1991; Brook et al, 1989; Cauce and Srebnik, 1990; Rutter, 1984; Rutter, 1979; Berrueta-Clement et al, 1984; Coleman and Hoffer, 1987; Comer, 1984; Nelson, 1984;

Offord, 1991; Felner et al, 1985; Ziegler et al, 1989; Edmunds, 1986— to name a few!). The evidence demonstrating that a school can serve as a "protective shield to help children withstand the multiple vicissitudes that they can expect of a stressful world" abounds, whether it is coming from a family environment devastated by alcoholism or mental illness or from a poverty-stricken community environment, or both (Garmezy, 1991). Furthermore, both protective factor research and research on effective schools clearly identifies the characteristics of schools that provide this source of protection for youth. And, lo and behold, they parallel the protective factors found in the family environments of resilient youth!

• **Caring and Support**
Just as in the family arena, the level of caring and support within the school is a powerful predictor of positive outcome for youth. While, according to Werner, "Only a few studies have explored the role of teachers as protective buffers in the lives of children who overcome great adversity," these few do provide moving evidence of this phenomenon (1990).

• **High Expectations**
As with the family environment, research has identified that schools that establish high expectations for all kids - and give them the support necessary to achieve them - have incredibly high rates of academic success...

• **Youth Participation and Involvement**
A natural outcome in schools, as in families, of having high expectations for youth is providing them with the opportunities to participate and be meaningfully involved and have roles of responsibility within the school environment....

Protective Factors within the community

as with the other two arenas in which children are socialized, the family and the school, the community which support the positive development of youth is promoting the building of traits of resiliency - social competence, problem-solving skills, autonomy, and a sense of purpose and future...

• **Caring and Support**
According to Kelly, "The long-term development of the 'competent community' depends upon the availability of social networks within the community that can promote and sustain social cohesion within the community.... That is, the formal and informal networks in which individuals develop their competencies and which provide links within the community are a source of strength [i.e., health and resiliency] for the community and the individuals comprising it" (1988).

• **High Expectations**
In the context of community, discussions around the issue of high expectations are usually referenced in terms of "cultural norms." Two cultural norms appear especially salient to our discussion of protective factors in the community. The first is that in cultures that have as a norm the valuing of youth as resources (as opposed to problems) youth tend to be less involved in all problem behaviors (Kurth-Schai, 1988).

A second relevant cultural norm is that of our expectancies surrounding alcohol use. According to the longitudinal research of Lond and Vaillant (1989) as well as the community work of Peter Bell (1987), "Cultures that teach children how, when, and where to drink tend to have lower rates of alcoholism than do those that forbid children to drink"...

• **Opportunities for Participation**
The natural outcome of having high expectations for youth, for viewing youth as resources and not problems, is the creating of opportunities for them to be contributing members of their community. Just as healthy human development involves the process of binding to the family and school through the provision of opportunities to be involved in meaningful and valued ways in family and school life, developing a sense of belonging and attachment to one's community also requires the opportunities to participate in the life of the community...

We must work within our families, schools, and community environments to build these social bonds by providing all individuals within these systems with caring and support, relating to them with high expectations, and giving them opportunities to be active participants in their family, school, and community life. While volumes can be written (and have!) on just how to go about this, the strategies are fairly simple and reflect not a need for behavioral interventions as much as for an attitude change—a willingness to share power within a system, to create a system based on reciprocity and sharing rather than control. For example, research on resiliency clearly implicates peer helping and cooperative learning, as well as mentoring, as strategies of reciprocity that work in all systems throughout the lifespan to achieve all three of the protective characteristics —support, high expectations, and participation.

Furthermore, to ensure that all children have the opportunities to build resiliency—to develop social competencies (like caring and responsiveness), problem-solving skills, autonomy, and a sense of purpose and future, we must also work to build linkages between families and schools and between schools and communities. It is only at this intersystem level—and only through intersystem collaboration within our communities—that we can build a broad enough, intense enough network of protection for all children and families. While it's certainly true that as a society America does not value nor invest in children, even when community resources do exist, they are often so fragmented they become ineffectual at dealing with the root causes of risk and, thus, with the building of a protective shield or "safety net" for children.

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II. An Initiative for Enhancing Resilience

CMHS Initiative

The intent of the CMHS Enhancing Resilience Initiative is to fund programs that coordinate families, schools, and communities into a partnership to promote the development of healthy behaviors, competence, and resilience in school-aged children and youth in order to decrease the level of violence in schools. These programs not only must provide services to respond to violent acts already committed, but must also be proactive by identifying problems early, intervening early, and altering the course of the child's life in a positive direction.

http://mentalhealth.samhsa.gov/schoolviolence/initiative.asp

Excerpt from:
RISK AND PROTECTIVE FACTORS

The Issue of Risk

In the past decade, experts in the field of prevention have begun to design programs which increase protective processes and/or decrease risk factors for delinquency and other adolescent problem behaviors. In reviewing over 30 years of research across a variety of disciplines, Hawkins and Catalano (1998) identified 19 *risk factors* that are reliable predictors of adolescent delinquency, violence, substance abuse, teen pregnancy, and school dropout. These factors are presented in Table 1.

Ages of Highest Risk

National self-report studies indicate that the age of highest risk for the *initiation* of serious violent behavior is between 15 and 16, and that the risk of initiating violence after age 20 is extremely low. Youth 16 and 17 years of age have the highest rates of *participation* in serious violent acts. After age 17, participation rates drop significantly, and it is unlikely that persons will become serious violent offenders if they have not initiated such behavior by age 20 (Elliott, 1994).

The Issue of Protection

Research on resilience has added much to our knowledge *of protective factors and processes*. In the words of noted resilience researcher, Dr. Emmy Werner, "Protective buffers ... appear to make a more profound impact on the life course of individuals who grow up and overcome adversity than do specific risk factors" (1996). According to Hawkins & Catalano, "Protective factors hold the key to understanding how to reduce those risks and how to encourage positive behavior and social development" (1992). Hawkins and Catalano provide the following list of protective factors:

I.   Individual Characteristics

Some children are born with characteristics that help protect them against problems as they grow older and are exposed to risk. These include:

- *Gender.*
 Given equal exposure to risk, girls are less likely than boys to develop health and behavior problems in adolescence.

- *Resilient temperament.*
Children who adjust to change or recover from disruption easily are more protected from risk.

- *Outgoing Personality.*
Children who are outgoing, enjoy being with people, and engage easily with others are more protected.

- *Intelligence.*

Bright children appear to be more protected from risk than are less intelligent children.

II. Healthy Beliefs and Clear Standards

Parents, teachers, and community members who hold clearly stated expectations regarding young children and adolescent behavior help protect them from risk. When family rules and expectations are consistent with, and supported by other key influences on children and adolescents--school, peers, media, and larger community--the young person is buffered from risk even more.

III. Bonding

One of the most effective ways to reduce children's risk of developing problem behaviors is to strengthen their bonds with family members, teachers, and other socially responsible adults. Children living in high risk environments can be protected from behavior problems by a strong, affectionate relationship with an adult who cares about, and is committed to, their healthy development.

The most critical aspect of this relationship is that the young person has a long term investment in the relationship and that he/she believes that the relationship is worth protecting (Hawkins and Catalano, 1992). Hawkins and Catalano (1998) have identified three *protective processes* that build strong bonds between young people and the significant adults in their lives.

> *Kids can walk around trouble if there is some place to walk to and someone to walk with.*
> *Tito. Quoted by Milbey McLaughlin.*
> *Merita Irbv. and Juliet Langman. 1993*

- *Opportunities for involvement.*

Strong bonds are built when young people have opportunities to be involved in their families, schools, and communities - to make a real contribution and feel valued for it.

- *Skills for successful involvement.*

In order for young people to take advantage of the opportunities provided in their families, schools, and communities, they must have the skills to be successful in that involvement. These skills may be social skills, academic skills or behavioral skills.

- *Recognition for involvement.*

If we want young people to continue to contribute in meaningful ways, they must be recognized and valued for their involvement.

Adolescent Problem Behaviors

Developmental Research & Programs

Table 1 Correlation Between Risk Factors & Adolescent problem Behaviors

Community	Substance	Delinquency	Teen	School	Violence
Availability of Drugs	X				X
Availability of Firearms		X			X
Community Laws and Norms Favorable	X	X			X
Media Portrayals of Violence					X
Transitions and Mobility	X	X		X	
Low Neighborhood Attachment and	X	X			X
Extreme Economic Deprivation	X	X	X	X	X
Family					
Family History of the Problem Behavior	X	X	X	X	X
Family Management Problems	X	X	X	X	X
Family Conflict	X	X	X	X	X
Favorable parental Attitudes and	X	X			X
School					
Early and Persistent Antisocial Behavior	X	X	X	X	X
Academic Failure Beginning in Late	X	X	X	X	X
Lack of Commitment to School	X	X	X	X	X
Individual / Peer					
Alienation and Rebelliousness	X	X		X	
Friends Who Engage in the Problem	X	X	X	X	X
Favorable Attitudes Toward the Problem	X	X	X	X	
Early Initiation of the Problem Behavior	X	X	X	X	X
Constitutional Factors	X	X			X

DEPARTMENT OF EDUCATION OFFICE OF SAFE AND DRUG-FREE SCHOOLS
OFFICE OF SAFE AND DRUG-FREE SCHOOLS
SAFE SCHOOLS/HEALTHY STUDENTS INITIATIVE
CENTER FOR MENTAL HEALTH SERVICES

THE SAFE SCHOOLS/HEALTHY STUDENTS (SS/HS) INITIATIVE

Since 1999, the U.S. Departments of Education, Health and Human Services, and Justice have collaborated on the Safe Schools/Healthy Students (SS/HS) Initiative. The SS/HS Initiative is a discretionary grant program that provides students, schools, and communities with federal funding to implement an enhanced, coordinated, comprehensive plan of activities, programs, and services that focus on promoting healthy childhood development and preventing violence and alcohol and other drug abuse. Eligible local educational agencies (LEAs) or a consortium of LEAs, in partnership with their community's local public mental health authority, local law enforcement agency, and local juvenile justice entity, are able to submit a single application for federal funds to support a variety of activities, curriculums, programs, and services.

The SS/HS Initiative draws on the best practices of education, justice, social services, and mental health systems to provide integrated and comprehensive resources for prevention programs and prosocial services for youth. To apply for SS/HS, FY 2007 grantees and their partners proposed an integrated, comprehensive, communitywide, and community-specific plan to address the problems of school violence and alcohol and other drug abuse. This plan focused on five elements:

- Element 1: Safe school environments and violence prevention activities.
- Element 2: Alcohol and other drug prevention activities.
- Element 3: Student behavioral, social, and emotional supports.
- Element 4: Mental health services.
- Element 5: Early childhood social and emotional learning programs.

SS/HS grantee's comprehensive plans are designed to provide students, schools, and families with a network of effective services, supports, and activities that help students develop the skills and emotional resilience necessary to promote positive mental health, engage in prosocial behavior, and prevent violent behavior and drug use; create schools and communities that are a safe, disciplined, and drug-free environment; and engage parents, community organizations, and social services agencies to help develop an infrastructure that will institutionalize and sustain successful grant components after federal funding has ended.

III. What the Research Says
Introduction

    A. Identifying Individuals at Risk for Psychological Trauma

    B. Stress Resilience

    C. Strengthening Resilience
      - Mentoring

    D. Resiliency Research:
      Implication for Schools and Policy

III. What the Research Says

Introduction

Anyone working with children and youth these days is familiar with words like strengths, assets, and resilience. This reflects the progress made in moving beyond a deficit or problem focused bias to incorporate approaches that build on motivation and promote resilience.

Research indicates that external factors (related to neighborhood, family, school, and/or peers) are primary causes for most youngsters' learning, behavior, and emotional problems. Protective factors act as buffers to risk producing conditions. Resilience refers to an individual's ability to cope with risk factors.

> "Resilient children are children who remain competent despite exposure to misfortune or to stressful events"...Characteristics of resilient children include:
> - A sense of self-esteem and self-efficacy, which allows the child to cope successfully with challenges
> - An active stance toward an obstacle or difficulty
> - The ability to see a difficulty as a problem that can be worked on, overcome, changed, endured, or resolved in some way
> - Reasonable persistence, with an ability to know when "enough is enough"
> - A capacity to develop a range of strategies and skills to bear on the problem, which can be used in a flexible way..."
>
> From "Fostering Resiliency"
> Northwest Regional Educational Laboratory
> Http://www.nwrel.org/pirc/hot9.html

While efforts to reduce risks and enhance protection can help minimize problems, a focus on promoting healthy development goes a step further by focusing on establishing systems that foster full development, well-being, and a value-based life. Safe, stable schools and neighborhoods that provide enriched opportunities to promote student development, learning, and a sense of community go well beyond just strengthening resilience.

School-based interventions can strengthen resilience, prevent problems, and promote healthy development. Positive outcomes have been found that last well into adulthood. For example, a report in the May 2002 issue of the *Archives of Pediatrics & Adolescent Medicine* indicates that an elementary

school social development program designed to promote social competence, bonding to school, and academic success also contributed to a reduction in risky sexual practices and adverse health consequences in early adulthood.

The program, the *Seattle Social Development Project*, is only one of many that appear on the proliferating lists of evidence-based programs. (See the online journal Prevention & Treatment for a composite review on positive youth development programs-http://journals.apa.org/prevention/volume5/pre0050015a.html)

Staff from the Prevention Research Center for the Promotion of Human Development at Pennsylvania State University have reviewed and extrapolated the ingredients of effective programs (http://content.apa.org/journals/pre/4/1/1). Their conclusions are that:

- Multi-year programs are more likely to foster enduring benefits
- Preventive interventions may effectively operate throughout childhood when developmentally-appropriate risk and protective factors are targeted. However, interventions may need to begin at preschool for serious conduct problems.
- Preventive interventions are best directed at risk and protective factors rather than at categorical problem behavior. It is both feasible and cost-effective to target multiple negative outcomes in the context of a coordinated set of programs.
- Interventions should be aimed at multiple domains, changing institutions and environments as well as individuals.
- Prevention programs that focus independently on the child are not as effective as those that simultaneously "educate" the child and instill positive changes across both the school and home environments.
- There is no single program component that can prevent multiple high-risk behavior. A package of coordinated, collaborative strategies and programs is required in each community.
- Prevention programs need to be integrated with systems of treatment to enhance linkages and sustainability.

Finally, they express surprise that so few comprehensive interventions (combining school-wide primary prevention together with secondary prevention and treatment) have been developed and evaluated. They stress that schools, in coordination with community providers, are potential settings for the creation of such fully-integrated models.

III. What the Research Says

Excerpt:

A. Identifying Individuals at Risk for Psychological Trauma

Stephen E. Brock, Ph.D.
California State University, Sacramento

Personal Resiliency and Vulnerability Variables

...Personal resiliency and vulnerability variables include both external and internal factors (see Table 2). External factors are found within the individual's environment and include familial, social, and financial resources. Internal factors are more difficult to directly observe. These variables, which are relatively stable factors existing within the individual, include: coping style, mental health history, emotional self-regulation, developmental level, trauma history, self-esteem, locus of control, and religious belief systems. Individuals who are less resilient will typically require more extensive services than do those with greater resilience.

Table 2
Personal Resiliency and Vulnerability Variables

<u>Resiliency Factors</u>	<u>Vulnerability Factors</u>
External **Familial resources available**	**External** **Familial resources unavailable**
1. Living with nuclear family member	1. Not living with nuclear family
2. Effective & caring parenting	2. Ineffective & uncaring parenting
3. Extended family relations/guidance	3. Family dysfunction (e.g., alcoholism, violence, mental illness)
4. Caregivers cope well with trauma	4. Parental PTSD
	5. Child maltreatment
Social resources available	
1. Close peer friendships	
2. Access to positive adult models	
3. Connection with prosocial institutions	**Social resources unavailable**
	1. Social isolation. Lack of perceived social support
Internal 1. Active coping style	
2. Mental health	**Financial resources unavailable**
3. Good self-regulation of emotion	
4. Developmental maturity and higher IQ	**Internal** 1. Avoidance coping style
5. Adaptive coping with prior trauma	2. Preexisting mental illness
6. High self-esteem	3. Poor self-regulation of emotion
7. Internal locus of control	4. Low developmental level
8. Religious belief system (faith)	5. History of prior traumatization
	6. Low self-esteem
	7. External locus of control

...External Personal Resiliency and Vulnerability Variables

Familial Resources

Living with nuclear family members. Simply being able to continue to live with a nuclear family member following a trauma appears to promote resiliency. Supporting this observation is the finding that traumatized Cambodian refugee youths not living with a nuclear family member, and instead residing with a foster family, had poorer long-term adjustment (Kinzie, Sack, Angell, Manson, & Rath, 1986). Conversely, those youths who were able to reestablish contact and live with any family member did much better. Kinzie et al. concluded that ". . . having reestablished some contact with family members in this setting mitigated some of the symptoms of the severe trauma, while being alone or in a foster family exacerbated the disorder"...

Family functioning. Level of family functioning plays an important role in determining the severity of posttraumatic symptomology (Caplan, 1964; Carlson, 1997; Luthar & Zigler, 1991; Terr, 1983). Especially important in how youths respond to stress is the quality of the parent-child relationship. Adaptive long-term outcomes require the involvement of caring, affectionate, and competent parents (or other primary caregivers) in the child's life. Specific parenting characteristics that have been associated with resiliency include warmth, structure, and high expectations. Access to warm relationships and guidance from the extended family is also associated with resiliency (Doll & Lyon, 1998).

Family violence. Creating perhaps even more vulnerability then ineffective parenting are experiences with maltreatment. For example, a study of Vietnam combat veterans found that those with PTSD had higher rates of childhood physical abuse than did those without this disorder (Bremner, Southwick, Johnson, Yehuda, & Charney, 1993).

Family mental health. The presence of mental illness within the family will increase vulnerability to a traumatic stressor (Bloch et al., 1956; Green et al., 1991). For example, following a school bus kidnapping, Terr (1983) found " … relationships between the clinical severity of the children's posttraumatic conditions and their pre-existing family pathology … " (p. 1550). Therefore, the mental health of family members should also be considered (Lystad, 1985; Nader & Pynoos, 1993).

Caregiver reactions to the trauma. Finally, how the family copes with a trauma is also important, because the reactions of others can have a significant impact on how youths view traumatic events. For example, Green et al. (1991) reported that greater maternal PTSD predicted greater child PTSD two years following a dam collapse and flood. Similarly, Nader and Pynoos (1993) point out that "there is a commonalty in the level of anxiety among children and the adults in their environment" (p. 17).

Clearly, students from more stable families will demonstrate greater resilience following traumatic events (Luthar & Zigler, 1991). Conversely, youths who lack these protective family resources should be made a priority for crisis intervention services. Special attention should be directed toward persons not living with family members, from dysfunctional homes, with mental illness, and whose caregivers are having special difficulty coping with the trauma.

Social Resources

Several specific school and community social resources have been shown to promote resiliency (Doll & Lyon, 1998). These resources include close peer friendships, access to positive adult models outside of the family, and strong connections to pro-social organizations or institutions. Positive school experiences (academic or nonacademic) have also been found to be a protective factor (Luthar & Zigler, 1991). Individuals who have social supports available to them are expected to show lower levels of acute distress following a crisis event. Conversely, individuals who must face a crisis without supportive and nurturing friends or relatives have been shown to suffer more than those who have at lease one source of such care (Caplan, 1964; Carlson, 1997; King et al., 1998; Lyons, 1991; Terr, 1983). Given these reports, individuals known to be socially isolated (or who perceive themselves as such) should be given crisis intervention service priority.

Financial Resources

Adequate financial support or services can also influence adjustment following trauma (Lyons, 1991; Slaikeu, 1990). Childhood poverty has been found to be a consistent predictor of dysfunction in adulthood (Doll & Lyon, 1998). An example of how this variable can influence the adjustment to a stressor is offered by Lewis (1970), whose qualitative study of a poor family dramatically illustrated how the stress associated with the death of a loved one was compounded by funeral and burial costs.

Internal Personal Resiliency and Vulnerability Variables

Coping Strategies

The types of strategies used by individuals to cope with problems may also serve to mediate the impact of a traumatic stressor. Resiliency research has suggested theoretical frameworks of coping that include distinctions between active (or approach) and avoidance coping strategies (Ayers, Sandler, West, & Roosa, 1996; Ebata & Moos, 1994). Active coping strategies include thoughts and actions that focus directly on problems (e.g., positive thinking, positive reappraisal of the stressor, making problem-solving decisions, and taking some direct action). Avoidance coping strategies include thoughts and actions that attempt to focus away from a stressful situation (e.g., to stop thinking about and/or dealing with the stressor; Sandler, Wolchik, MacKinnon, Ayers, & Roosa, 1997)...

Mental Health

Although entry into a crisis state is not in and of itself a sign of mental illness, a history of such illness can lower resistance to crises. There is evidence that a preexisting mental disorder influences the development of acute distress (American Psychiatric Association, 1994; Breslau, 1998), and psychiatric and personality disorders may increase vulnerability to traumatic crises (McFarlane, 1990; Nader & Pynoos, 1993). For example, Breslau (1998) reports that preexisting major depression and anxiety disorders increase the risk of PTSD. Thus, individuals with mental illness should be given crisis intervention service priority.

Self-Regulation of Emotion

Masten and Coatsworth (1998) suggest that because of temperament, some children may be more prone to severe emotional reactions (e.g., anxiety and distress). These are children who have relative difficulty regulating negative emotions and do not regroup as readily when confronted with stressful experiences. Conversely, adaptive long-term outcomes are associated with a lower reactivity to stress and greater self-control of behavior. Thus, individuals known to have a negative temperament, be easily upset, and have difficulty calming down should be given crisis intervention service priority.

Developmental Level and Intellectual Functioning

While developmental immaturity may be a protective factor when it comes to initial traumatization (i.e., younger children may not comprehend the actual threat of the trauma), once an event is judged threatening, and all other factors are held constant, the younger the crisis survivor, the greater the traumatization (Carlson, 1997). Support for this observation is offered by Schwarz and Kowalski (1991), who found that while only 19% of adults exposed to a school shooting could be diagnosed as having PTSD, 27% of children could be diagnosed with this disorder. This difference may result from the greater vulnerability of younger children and their lack of experience coping with difficult problems. King, King, Foy, and Gudanowski (1996) found that soldiers who were younger when they went to war were more likely to have postwar PTSD symptoms, suggesting that younger men had not obtained a sufficient level of emotional development to cope with the stressors of combat.

Resiliency is clearly promoted by good intellectual functioning (Doll & Lyon, 1998). Masten and Coatsworth (1998) suggest that higher IQ scores may be associated with enhanced information-processing skills that help children cope with adversity. Children who are more intelligent may also be better able to solve problems and protect themselves. Conversely, children with lower IQ scores may find it more difficult to deal with threatening situations or fail to learn as much from prior experiences. Therefore, developmentally younger trauma victims (especially those with lower IQs) should be given relatively high crisis intervention service priority when compared with more mature (more intelligent) survivors.

Trauma History

A history of prior traumatization increases vulnerability to future traumatization (Bremner et al., 1993; Breslau, 1998; Matsakis, 1994). For example, a school shooting will be more traumatic for students who have previously been the victims of violence (e.g., child abuse). Children who have experienced repeated traumatic stressors are more likely to disassociate and display mood swings than single-incident crisis survivors (Terr, 1991). Nader et al. (1990) reported that following a sniper attack on their school, children who had experienced previous traumas had renewed PTSD symptoms related to the earlier experiences. When exploring trauma history it is also important to identify individuals who have experienced prior crises similar in nature to the current crisis event, because these individuals may be at particular risk (Horowitz, 1986; Nader & Pynoos, 1993)...

Other Internal Resiliency and Vulnerability Factors

A variety of other factors are identified by the resiliency literature as influencing adjustment to stressors; however, given the scope of this chapter, a thorough treatment of the resiliency literature is not possible. Nevertheless, I would like to briefly mention several other variables that have been suggested as important to the adjustment to stressful life events. These factors are, however, often difficult to observe and may not have great practical utility during the initial psychological triage of crisis victims.

Self-confidence and esteem. Self-esteem has been found to be an important coping resource (Doll & Lyon, 1998; Masten & Coatsworth, 1998). According to Lutzke, Li, Ayers, and Sandler (1995, as cited in Lutzke, Ayers, Sandler, & Barr, 1997), high self-esteem significantly reduces depression, anxiety, and conduct disturbances following negative life events.

Locus of control. An internal locus of control has also been found to serve as a resiliency factor for youths (Doll & Lyon, 1998; Luthar & Zigler, 1991; Masten & Coatsworth, 1998). Specifically, youths who have faith in their ability to control their environment are better able to cope with stressful life events (Werner & Smith, 1982). Conversely, youths with an external locus of control have been found to display increased levels of psychological symptomatology following negative life events (Lutzke, Li, Ayers, & Sandler, 1995, as cited in Lutzke, Ayers, Sandler, & Barr, 1997; Silverman & Worden, 1992).

Resilient faith or belief system. Finally, the presence of a religious belief system during times of stress can be an important internal coping resource (Doll & Lyon, 1998; Luthar & Zigler, 1991; Masten & Coatsworth, 1998). Not only does it provide an intellectual framework that makes many events (e.g., the death of a loved one) more understandable, but it also typically includes a community (e.g., a congregation) that is able to provide needed support (Lutzke, Ayers, Sandler, & Barr, 1997). Research has found religion to be helpful for both adults (McIntosh, Cohen, Silver, & Wortman, 1993) and youths (Gray, 1987) following the death of a loved one...

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Protective Factors and the Development of Resilience
in the Context of Neighborhood Disadvantage
By Vanderbilt-Adriance E, Shaw DS

The purpose of the present study was to examine relations among multiple child and family protective factors, neighborhood disadvantage, and positive social adjustment in a sample of 226 urban, low SES boys followed from infancy to early adolescence. The results indicated that child IQ, nurturant parenting, and parent-child relationship quality, measured in early childhood, were all significantly associated with a composite measure tapping low levels of antisocial behavior and high levels of social skills at ages 11 and 12. Parental romantic partner relationship quality (RPRQ) was only significantly related to positive social adjustment in the context of low levels of neighborhood disadvantage. Results suggest that with the exception of RPRQ, these protective factors operate in a comparable manner with respect to positive social adjustment for this predominantly low-income urban sample of boys.

III. What the Research Says (cont.)

B. Stress Resilience

       1. Fostering Resilience in Children

       2. Measuring Stress Resilience and Coping in Vulnerable Youth: the Social Competence Interview

       3. Follow-up Study of Young Stress-affected and Stress-resilient Urban Children.

       4. Life Stressors, Social Resources, and Coping Skills in Youth: Applications to Adolescents with Chronic Disorders

       5. Development and Cross-situational differences in Adolescents' Coping Strategies

III. What the Research Says
B. Stress Resilience

Excerpts from:

1. Fostering Resilience in Children

The Ohio State University, Bulletin 875-99

Kimberly A. Gordon Rouse, Mary Longo, Mary Trickett

http://ohioline.osu.edu/b875/

The Early Years

People who overcome extreme or chronic stress or adversity display certain characteristics. These characteristics appear in infancy and continue through adulthood. To begin with infancy, resilient infants are active, energetic, and easy going. They can elicit positive responses from other people; they have an easy temperament (Gordon Rouse, in press; Werner and Smith, 1982). Resilient infants are socially responsive with a capacity to elicit and receive attention. No doubt they are active and more determined. They display more frustration tolerance, impulse control, and gratification delay than their non-resilient counterparts (Murphy and Moriarty, 1976). It seems they have a genetic makeup and neurochemistry that aid them (IMHI, 1991).

When they are toddlers, resilient children display an array of characteristics. Intelligence, autonomy, and sociability are present during the toddler years (Murphy and Moriarty, 1976; Werner and Smith, 1982). Their autonomy is tempered by adequate cooperation and compliance (Murphy and Moriarty, 1976). They are friendly, socially responsive, sensitive, and cooperative, with a positive sense of self (Garmezy, 1981; IMHI, 1991). They are also androgynous in that resilient toddler males have deeper affective expression, sociability, and demonstrativeness than non-resilient toddler males. Resilient toddler females are better coordinated, not as timid, and interested in environmental exploration; this makes them androgynous as well (Murphy and Moriarty, 1976; Werner and Smith, 1982).

During the middle childhood years, characteristics present in early childhood continue and others arise. Superior reasoning and problem solving continue (Dubow and Luster, 1990; Werner, 1989a; Werner, 1990). They also continue to demonstrate sociability, androgyny, and autonomy (Werner, 1989a; Werner, 1990). They have varied interests and hobbies that are not necessarily sex-typed (Werner, 1989a). They are guided by a more internal locus of control than their counterparts (Garmezy and Rutter, 1983; Werner, 1989a; Werner and Smith, 1982). They have a better self-concept than their counterparts (Dubow and Luster, 1990). They display high intellectual motivation and a probing drive to understand (Murphy and Moriarty, 1976). They also display mastery-oriented help-seeking behavior. That is, they mediate their own learning and problem-solving by taking the initiative to question, suggest, observe, and imitate (Nelson-Le Gall and Jones, 1991).

In adolescence, resilient children continue to show superiority over their non-resilient counterparts. Sociability, androgyny, and autonomy continue as does an internal locus of control (Garmezy, 1993; Garmezy and Rutter, 1983; Werner, 1989a; Luthar, 1991). They continue cognitive superiority (Dubow and Luster, 1990; Garmezy and Rutter, 1983; Werner and Smith, 1982); however, intelligence has been known to make them more sensitive (Luthar, 1991). They demonstrate academic behaviors by spending more time on homework and cooperating with their teachers (Lee, Winfield, and Wilson, 1991). They have a better self-concept (Cohen, Wyman, Work, and Parker, 1990; Dubow and Luster, 1990). They are less likely to commit delinquent acts or require the aid of mental health services and the females are less likely to become pregnant (Werner, 1989a; Werner and Smith, 1982). However, if the females become pregnant they can still exhibit resilience if they continue their education, obtain social support, and maintain high spirations (Scott-Jones, 1991)...

2. Measuring stress resilience and coping in vulnerable youth: the Social Competence Interview.

Ewart, C.K., Jorgensen, R.S., Suchday, S., Chen, E., & Matthews, K.A..

Center for Health and Behavior, Department of Psychology, 430 Huntington Hall, Syracuse University, Syracuse, New York 13244-2340, USA. cewart@psych.syr.edu

A brief interview to measure stress coping capabilities was developed and tested in 4 samples of African American and White adolescents in low-income neighborhoods of 2 large U.S. cities. The Social Competence Interview (SCI) is a 10-min social stressor that assesses physiological and social-emotional responses to a recurring real-life problem. A new behavioral coding system using audiotapes permits reliable and valid assessment of components of social competence, including Interpersonal Skills (expressiveness, empathy), Goal-Oriented Strivings in coping (self defense, social acceptance, competitiveness, stimulation-pleasure, approval, self improvement), and Social Impact (high vs. low affiliation/control). High SCI expressiveness and self-defensive striving create a critical-

3. Follow-up study of young stress-affected and stress-resilient urban children.

Cowen, E.L., Wyman, P.A., Work, W.C., Kim, J.Y., Fagen, D.B., & Magnus, K.B.

Center for Community Studies, Univ. of Rochester, NY 14620, USA.

Reports follow-up study of 181 young highly stressed urban children, classified as stress-resilient (SR) and stress-affected (SA) 1 1/2-2 years earlier. At follow-up (T2), children were retested on five initial (T1) test measures: self-rated adjustment, perceived competence, social problem solving, realistic control attributions, and empathy; parents and teachers did new child adjustment ratings, and parents participated in a phone interview focusing on the T1-T2 interval. Child test and adjustment measures and parent interview responses at T2 sensitively differentiated children classified as SR and SA at T1. Test and interview variables used at T1 and T2 correlated moderately across time periods. At T2, four child test indicators (i.e., rule conformity, global self-worth, social problem solving, and realistic control attributions) and four parent interview variables (positive future expectations for the child, absence of predelinquency indicators, good parent mental health in the past year, and adaptive parent coping strategies) sensitively differentiated children classified as SR and SA at T1. No relationship was found between family stress experienced in the T1-T2 interval and changes in children's adjustment during that period.

4. Life stressors, social resources, and coping skills in youth: applications to adolescents with chronic disorders.

Center for Health Care Evaluation, Department of Veterans Affairs Health Care System and Stanford University Medical Center, Palo Alto, California, USA

Overview: After setting out a conceptual framework that focuses on how personal and social resources aid adolescents in managing acute and chronic stressors, I describe methods by which to assess adolescents' family environments and specific life stressors and social resources, and the approach and avoidance coping responses adolescents use to manage life stressors. I then review some research that employs these concepts and methods to focus on the families and life contexts, and coping skills, of youth with chronic medical disorders, including juvenile rheumatic disease (JRD). I close by drawing implications for assessment and intervention and describing some fruitful areas for future research, such as examining the reciprocal linkages between parental and youth behavior, how adolescents' personal characteristics shape their life context, and how life crises and transitions enhance adolescents' development and maturation.

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5. Developmental and cross-situational differences in adolescents' coping strategies.

Griffith, Michael A.; Dubow, Eric F.; Ippolito, Maria F.

Fort Collins Youth Clinic, Fort Collins, CO, US

Abstract

Investigated developmental and cross-situational differences in strategies adolescents use to cope with family, school, and peer stressors. The relation between adolescents' use of coping strategies and 2 indices of adjustment (self perceptions of their adjustment as a result of coping with the specific stressor and state anxiety) were also examined. The sample included 148 7th graders, 124 9th graders, and 103 12th graders. All participants completed the Coping Responses Inventory-Youth Forum (R. H. Moos, 1990). Approach coping increased across the 3 grade levels, especially in relation to family and peer stressors. Adolescents used more avoidance than approach coping strategies for family stressors, and more approach than avoidance strategies for school and peer stressors. Across stressors, approach coping predicted more favorable outcomes and avoidance coping predicted less favorable outcomes. Coping strategies in response to a specific stressor were more strongly predictive of stressor-specific adjustment than state anxiety, suggesting the need to include both stressor-specific and global measures of adjustment in assessing the relation between coping and adjustment.

Community Violence in Context: Risk and Resilience in Children and Families
By Aisenberg, E., & Herrenkohl, T.

Although some community violence research has examined the context of community violence, including the social, economic, and structural organization of neighborhoods, more needs to be learned about family, school, and community-level factors that may promote and lessen the incidence and prevalence of community violence. In addition, further research is needed on various social, environmental, and contextual factors hypothesized to protect youth from exposure. This article (a) reviews and examines the relation between neighborhood context and risk of violence exposure, (b) reviews current literature on predictors of community violence and mental health and behavioral consequences for children and families adversely affected by community violence, (c) examines sources of resilience and community strengths that extend beyond the individual, (d) discusses the contributions and limitations of current conceptualizations of risk and resilience, and (e) highlights directions for future research. Information from this review can inform community and government efforts to lessen community violence through prevention and treatment.

III. What the Research Says (cont.)

C. Strengthening Resilience

- Mentoring

  1. Natural Mentors and Adolescent Resiliency: A study with Urban Youth

  2. Effectiveness of Mentoring Programs for Youth: A Meta-Analytic Review

III. What the Research Says

C. Strengthening Resilience

- Mentoring

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1. Natural mentors and adolescent resiliency: A study with urban youth

Marc A. Zimmerman and Jeffrey B. Bingenheimer, *University of Michigan*
Paul C. Notaro, *University of Missouri*

http://www.sph.umich.edu/yvpc/products/publications/index.shtml

Abstract

Natural mentors may play an important role in the lives of adolescents. We interviewed 770 adolescents from a large Midwestern city. 52 percent reported having a natural mentor. Those with natural mentors were less likely to smoke marijuana or be involved in nonviolent delinquency, and had more positive attitudes toward school. Natural mentors had no apparent effect on anxiety or depression. Using the resiliency theory framework, natural mentors were found to have compensatory but not protective effects on problem behaviors, and both compensatory and protective effects on school attitudes. Direct and indirect (mediated) effects of natural mentors are explored for problem behaviors and school attitudes. The potential importance of natural mentors is supported, and implications for future research are considered.

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2. Effectiveness of Mentoring Programs for Youth: A Meta-Analytic Review

David L. DuBois, Bruce E. Holloway, Jeffrey C. Valentine, and Harris Cooper
University of Missouri at Columbia

We used meta-analysis to review 55 evaluations of the effects of *mentoring programs on y youth. Overall, findings provide evidence of only a modest or small benefit of program participation for the average youth. Program effects are enhanced significantly, however, when greater numbers of both theory based and empirically based "best practices " are utilized and when strong relationships are formed between mentors and youth. Youth from backgrounds of environmental risk and disadvantage appear most likely to benefit from participation in mentoring programs. Outcomes for youth at-risk due to personal vulnerabilities have varied substantially in relation to program characteristics, with a noteworthy potential evident for poorly implemented programs to actually have an adverse effect on such youth. Recommendations include greater adherence to guidelines for the design and implementation of effective mentoring programs as well as more in-depth assessment of relationship and contextual factors in the evaluation of programs.*

III. What the Research Says

D. Resiliency Research

...Over the last two decades the concept of resiliency has received increasing attention in developmental psychology (Cicchetti & Garmezy, 1993). It has helped frame the study of development using a strengths model rather than a deficit and problem-oriented approach. Rutter (1987) and Garmezy (1991) have pointed out that more than half the children living in disadvantaged conditions do not repeat that pattern in their adult lives. Researchers, however, have typically emphasized the pathology of disadvantage by cataloguing risk factors and documenting their adverse effects on healthy adolescent development (Dryfoos, 1990; Hawkins, Catalano, & Miller, 1992; Newcomb & Felix-Ortiz, 1992). They have studied risk factors for psychopathology, alcohol and drug abuse, and delinquency.

Problem behavior theory (Jessor & Jessor, 1977), stage theory of adolescent drug use (Kandel, 1975), and social influence models (Barnes & Welte, 1986; Dishion & Loeber, 1985; Huba & Bentler, 1980; Needle et al., 1986) have all focused on risk factors associated with negative outcomes for adolescents. This approach has led, in turn, to an interest in identifying vulnerable children...

...**Schools and Resiliency**

Schools have a significant influence on child and adolescent development (Entwisle, 1990). From the age of 5, children spend a large part of their day in school, and their experiences in school may affect them in multiple ways. The school environment has the potential either to increase children's risk or protect them from the debilitating consequences of other risks. School size, for example, is associated with school dropout, with smaller schools being more protective (Pittman & Haughwout, 1987; Rumberger, 1987). Low academic motivation (absenteeism, dropout), achievement (grades), and commitment (school bonding) have been linked to adolescent drug use (Bachman, et al., 1980; Barnes & Welte, 1986; Coombs et al., 1985; Hawkins et al., 1992; Johnston & O'Malley, 1986; Kandel, 1980). Rutter et al.'s (1979) longitudinal study of children from the first grade to the tenth grade highlights the many influences of school. They found that students vary markedly in their behavior, attendance, exam success, and delinquency, and that these outcomes are systematically and strongly associated with school characteristics.

Several school-based interventions have been designed to help children develop skills (Weissberg, Caplan, & Sivo, 1989), cope with stress (Felner & Felner, 1989; Pedro-Carroll & Cowen, 1985), and reduce risk behavior (Perry et al., 1990). Unfortunately most school-based prevention programs have employed a deficit model (Weissberg et al., 1989). Such programs typically target children likely to be educationally disadvantaged, disruptive, or delinquent (Maughan, 1988), and stress individual behavior change.

School experiences can obviously contribute to both risk and protective mechanisms, but as Maughan (1988) suggests, the role of schools has received relatively little consideration in the study of resiliency processes. Rutter (1987) suggests that schools can be protective because they can promote self-esteem and self-efficacy by providing

opportunities for students to experience success and enabling them to develop important social and problem-solving skills. Researchers have found that school-based supportive ties can serve to buffer against potentially hazardous conditions in the home and other nonschool environments (Dubois, Felner, Brand, Adam, & Evans, 1992). Brook, Nomura, and Cohen (1989) found, for instance, that a harmonious and organized school environment where teachers and students are committed to learning limited the effect of peer cigarette use on adolescent drug use.

Research on the motivational climate of schools indicates that the varying goals pursued by schools influence students' personal goals, which, in turn, influence their feelings of self-efficacy and self-esteem (Maehr & Nicholls, 1980). Such motivational goals may be characterized as *task* and *performance* goals (Ames, 1992; Ames & Archer, 1988). A task goal stresses learning for learning's sake, and success is measured by improvement. The focus is on the intrinsic value of learning (Nicholls, 1984). In contrast, a performance goal stresses demonstrating superior ability relative to others, or avoiding appearing unable. The goal is decidedly competitive in nature, and success is defined in terms of relative standing on some scale, such as test scores, grade point average, or other comparison between students. Emphasis is on the extrinsic aspects of learning. A performance orientation necessitates that there be some winners and some losers (e.g., straight-A students vs. failing students). Children in the performance-focused situation tend to attribute failures to lack of ability (Ames & Ames, 1984; Elliot & Dweck, 1988).

In contrast, children in task-focused situations are more likely to view failures as a challenge to try harder and to develop more useful strategies; they also report less negative affect in response to failure. Students have reported greater self-efficacy when pursuing task goals than performance goals (Urdan, Turner, Park, & Midgley, 1992). Thus, schools can play a protective role by helping students develop the self-confidence and analytic skills they need to solve the problems that confront them.

Ames (1992) also found that task-oriented schools influence other perceptions of self, like the sense of belonging. A competition-oriented school where students are subtly, or sometimes explicitly, pitted against one another may dampen some students' sense of belonging. This is significant because sense of belonging to the

school has been shown to enhance student motivation and improve achievement (Goodenow, 1993). Sense of belonging to a school has also been shown to protect against adolescent substance abuse (Hawkins et al., 1992).

Other aspects of school structure and process can also affect student outcomes. While the perceived competence that comes with academic achievement can play a protective role and encourage a student to stay in school, failing in school may make a student more vulnerable to negative outcomes. The presence of an understanding teacher or the availability of other support systems in the school (e.g., peer tutoring, counseling) may increase a student's chances of developing coping skills. Finally, school activities where students have opportunities to share ideas, provide help to others, and participate in decision making about issues of concern to them may also play a protective role. Such activities could include peer education programs, service learning, or student advisory boards.

Although the field of resiliency research is still in its infancy and many issues remain to be worked out, investigations of how social institutions, like our schools, foster resiliency are needed to ensure the creation of settings where children and youth may develop into healthy adults. Such settings can be a critical resource for children and youth, and an important focus for addressing many social problems.

Policy Implications

Resiliency poses several policy implications for research on child and adolescent development. The policy implications listed below are not intended to be a complete or mutually exclusive list. They are intended to generate ideas that will shift attention from a focus on risk factors and the etiology of problem behaviors to efforts to understand healthy and adaptive responses to stressful circumstances.

• *Develop specific funding initiatives for studying resiliency.*

Most calls for proposals and research initiatives target problem behaviors (e.g., violence, substance use, teen pregnancy) and often neglect language that would encourage research on resiliency. A notable exception is the current National Science Foundation's Human Capital Initiative. The NSF program announcement, while

not specifically designed for resiliency research, does include language that would address resiliency. It states that human capital research is defined as "research which advances basic understanding of the causes of the psychological, social, economic, and cultural capacities of productive citizenship."

• *Fund longitudinal studies that emphasize exploration of resiliency among youth with risk factors.*

Resiliency is a developmental construct and must be studied longitudinally, because it is not a trait that a youth is either born with or automatically keeps once it is achieved. Longitudinal research will allow us to study not only how resiliency develops but how it may also deteriorate over time. This research could parallel etiological research on risk factors but focus on what leads to positive instead of negative outcomes. It would be important for longitudinal studies to include critical developmental periods such as school transition or puberty.

• *Fund research that explicitly examines resiliency in different populations.*

Resiliency research is in its infancy, and the knowledge gaps are sizable. The number of researchers studying a greater number of topics in various populations needs to be increased. Studies that examine interactions of developmental transitions and gender, for example, will help identify how resiliency may differ for males and females. Similarly, studies within different populations (e.g., rural communities or various physical disabilities) would help to further specify how resilience operates. Ethnic group differences may also be important to study, especially among populations where bicultural issues, mainstreaming into majority culture, and strong ethnicities are part of the developmental experience. In order for resilience to be a useful construct, it needs to be studied in various populations and contexts.

• *Create intervention programs designed specifically to enhance factors found to be protective and to contribute to resiliency.*

Prevention programs are often designed to eliminate or reduce risk factors found to be related to a negative outcome. Thus, they focus on amelioration of a potentially dangerous status. An alternative approach would be to develop programs that enhance those factors found to protect or inoculate youth against the effects of risk factors. This is fundamentally different because it focuses on building capacity instead of fixing problems. This alternative approach requires us to learn more about the etiology of positive outcomes in otherwise risky situations. Intervention research will push the field to be more specific about outcomes, relationships among variables, and measurement issues.

• *Resiliency research needs to include multiple levels of analysis.*

Resilience is not simply an individual level construct nor does it lie solely within the individual. Most of the research on resiliency has focused on individual and family factors. More efforts are needed to understand how social institutions—schools, public health departments, court systems —can contribute to or hinder youth resiliency. The discussion above about schools provides an example of how social institutions can play a role in the resiliency of our children.

• *Research the roles our schools may play in developing resilient youth.*

Many school programs only evaluate motivation and academic outcomes (e.g., cognitive skills, achievement), but researchers could begin to explore how schools help enhance protective factors such as social skills, problem-solving skills, or selfesteem. Evaluation of school programs designed to have a task-oriented curriculum and reward systems could, for example, include assessment of factors associated with resiliency.

• *Research that focuses on people in a crisis situation and how they differentially adapt is needed to more fully understand the resilience process.*

People who experience the same stressors but end up with different outcomes (like John and Paul in our opening story) provide an important population for study. The goal of such a program of research would be to identify the stressful situation and follow youth over time to analyze whether their response was resilient or ineffective. One significant common stressor for many youth is poverty, yet we know relatively little about why some youth escape from it while others remain poor and disenfranchised.

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Recovery and Resilience in Children's Mental Health: Views from The Field
by Friesen. B.J.

This article explores the questions, "What does recovery mean in the context of children's mental health?" "How do recovery and resilience fit with the system of care values that underpin current transformation efforts in the children's mental health field?" And, "What implications flow from the answers to these questions?" The author details a process designed to gather the perspectives of family members, service providers, administrators, researchers, and advocates, summarizes the results of these discussions, and concludes with recommendations for next steps.

Cultural Understandings of Resilience: Roots for Wings in the Development of Affective Resources for Resilience
by Cameron, C.A., Ungar, M., & Liebenderg, L.

The authors examine one of the precursors of positive development: attachment. Attachment and the positive growth it portends for populations of children under stress underpins positive developmental outcomes now termed "resilience." Resilience may be understood as a process of adaptation to adversity that is scaffolded by environmental, cultural, social, psychologic, and physiologic processes. The authors focus on two methodologically different approaches to studying attachments that contribute to resilient functioning at two different phases of development (toddlerhood and adolescence). The authors examine the cultural differences found in manifestations of resilience in different countries and cultures. Organized around this theme of attachment, the authors identify adaptive factors in resistance to risk from adverse circumstances. The authors strive to identify how the adaptation involved in attachment relations can protect against vulnerability. The authors conclude with a description of the processes that might help us to understand situational, experiential, and personal resources that intersect to protect the developing individual against assaults on normal growth and development.

IV. Intervening to Promote Resilience in School, Home, and Community

A. Assessment:

The Healthy Kids Resilience Assessment

B. School & Community:

1. Resiliency as a Model for School Reform and Comprehensive Prevention Programs

2. Embracing Resilience in an At-Risk World (NEA-HIN)

3. Turning it around for all youth: From Risk to Resilience

4. Model Programs

C. Family:

1. Family Resiliency: Building Strengths to Meet Life's Challenges

2. Cultivating Resilience: An Overview for Rural Educators and Parents

IV. Intervening to Promote Resilience in School, Home, and Community

A. Assessment

The Healthy Kids Resilience Assessment

The *Healthy Kids Resilience Assessment is* one of several optional modules of the *California Healthy Kids Survey,* a comprehensive youth health-related behavior and resilience data collection system for California schools. As part of this system, the *Resilience Assessment is* available, with a full range of toll-free phone assistance and other support, to all California school districts and county offices of education.

Building on Bonnie Benard's integration of research literature (see figure 1), the theoretical framework for the *Resilience Assessment* consists of six clusters of assets, comprising 22 of the assets most consistently identified by researchers to be associated with health-risk behavior protection and positive youth development. (For a complete listing of the these 22 assets, see figure 2.)

The *Resilience Assessment* distinguishes between two types of assets: *(l) protective factors,* sometimes referred to as external assets, and (2) *resilience traits,* also know as internal assets. Protective factors are the supports and opportunities, including caring relationships, high expectations, and opportunities to participate in meaningful activities, that foster positive developmental outcomes. Resilience traits are the individual qualities and characteristics that are enhanced by and work together with protective factors to promote healthy development and to protect against the negative outcomes of alcohol, tobacco and other drug abuse and violence. Many health-risk behavior prevention programs employ a youth development approach, seeking to enhance both external and internal assets.

The field test of this new assessment has generated a great deal of interest and excitement among educators and researchers. With the growing popularity of resilience-based prevention programs in California, an unmet need has arisen for a comprehensive measure of protective factors and resilience traits that is theoretically sound, developmentally and culturally
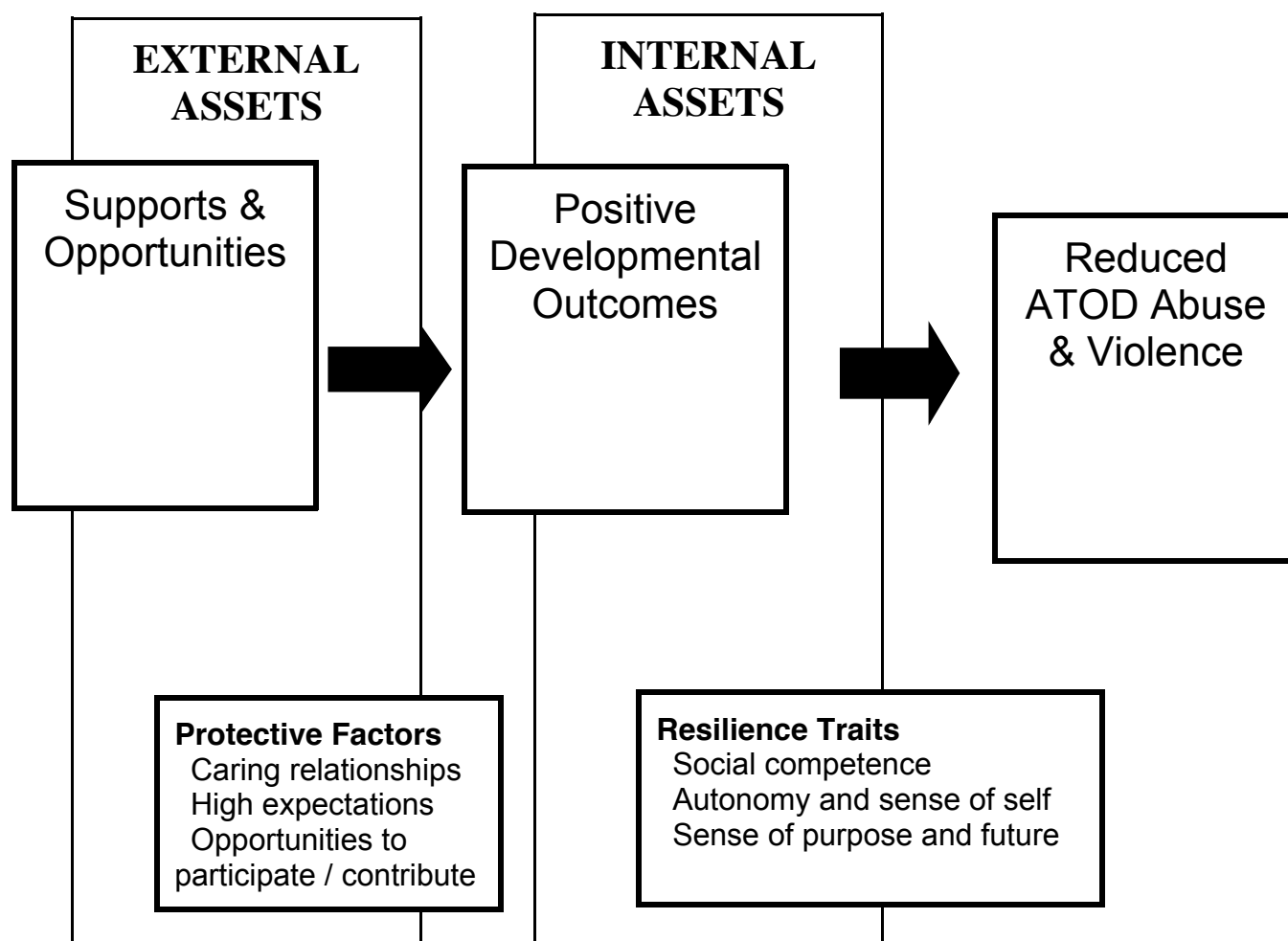
appropriate, reliable, and valid. The *Healthy Kids Resilience Assessment* will meet this need, and provide the needs assessment, program planning, and program evaluation data required by resilience-focused educators and youth development researchers.

For further information about the *California Healthy Kids Survey,* please call (from anywhere in California) the toll-free help line at 1-888-841-7536 and you will be automatically connected to the service center for your region, or visit our website at http://www.WestEd.org/hks. For further information about the *Healthy Kids Resilience Assessment,* please call 510-587-7325.

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The Healthy Kids Resilience Assessment:

A Youth Development Approach

EXTERNAL ASSETS

INTERNAL ASSETS

Supports & Opportunities

→

Positive Developmental Outcomes

→

Reduced ATOD Abuse & Violence

Protective Factors
 Caring relationships
 High expectations
 Opportunities to
participate / contribute

Resilience Traits
 Social competence
 Autonomy and sense of self
 Sense of purpose and future

The Healthy Kids Resilience Assessment measures specific protective factors and resilience traits that make youth development work.

Figure 2. **Assets Measured by the Healthy Kids Resilience Assessment**

Protective Factors: Supports and Opportunities

<u>**Cluster**</u>	*Assets*
Caring Relationships: The presence of others in the student's life who model and support healthy development and learning.	*Caring relationships with ...* • *adults in the home* • *adults in the school* • *adults in the neighborhood/community*
High Expectations: One consistent communication of both formal and informal messages that the student can and will succeed	*High expectations From ...* • *adults in the home* • *adults in the school* • *adults in the neighborhood /community*
Meaningful Participation: The involvement of the student in relevant, engaging and responsible activities with opportunities for responsibility and contribution.	*Meaningful participation in....* • *the home* • *the school* • *the neighborhood/community*

Resilience Traits: Positive Developmental Outcomes

Cluster	Assets
Social Competence: Ability to communicate effectively and appropriately and to demonstrate caring, flexibility, and responsiveness in social situations**.**	• *Cooperation and communication skills:* Flexibility in relationships and the ability to work effectively with others, and the ability to effectively exchange information and ideas and express feelings and needs to others. • *Empathy:* Understanding and caring about another's experiences and feelings. • *Respect for diversity:* Recognition and promotion of the inherent worth and rights of all people, including the right to be treated with dignity. • *Problem solving skills:* Ability to plan, to be resourceful, to think critically and reflectively, and to creatively examine multiple perspectives before making a decision or taking action.
Autonomy and Sense of Self: Sense of personal identity and power	• *Personal conviction:* A strong sense of what is right and wrong and standing up for those beliefs. • *Self-efficacy:* Belief in one's own competence. *Internal locus of control:* The recognition that one has personal power to direct one's own behavior and influence one's future. • *Self awareness*: Knowing and understanding one's self.
Sense of Meaning And Purpose: Knowing that one's life has coherence and makes a difference.	• *Optimism:* A belief in the positive potential for one's self and the future. • *Goals and aspirations:* Using specific dreams, visions and plans to focus the future. • *Achievement motivation:* High expectations for one's self.

Validation of the Risk and Resiliency Assessment Tool for Juveniles in the Los Angeles County Probation System
by Susan Turner, Terry Fain & Amber Sehgal
http://rand.org/pubs/technical_reports/TR291/index.html

As part of the settlement of a civil suit brought by the Black Probation Officers Association, the Los Angeles County Probation Department was required to allocate resources for the administration of a risk and needs instrument to its juvenile probationers. The parties agreed to stipulate the RAND Corporation as the evaluator of this instrument. After surveying a number of instruments, RAND chose the San Diego Risk and Resiliency Checkup (SDRRC) and conducted a pilot validation assessment of that instrument. After surveying a number of instruments, RAND chose the San Diego Risk and Resilincy Checkup (SDRRC) and conducted a pilot validation assessment of that instrument. RAND found that a youth's "resiliency score" on the SDRRC (the net sum of risk factors, which have negative values, and protective factors, which have positive values) is significantly related to the youth's 12-month recidivism rate. The Los Angeles Probation Department has implemented a policy to institutionalize the SDRRC, now referred to as the LARRC, and is developing an automated case plan that will build on the LARRC assessment instrument to provide a more consistent and objective foundation for determining appropriate services based upon the needs of the minor.

IV. Intervening to Promote Resilience in School, Home, and Community (cont.)

B. School and Community

1. Resiliency as a Model for School Reform and Comprehensive Prevention Programs

2. Embracing Resilience in an At-Risk World Discussion Guide

3. Turning it Around for All Youth: From Risk to Resilience

4. Model Programs

IV. Intervening to Promote Resilience in School, Home, and Community (cont.)

B. School and Community (cont.)

National Education Association, Health Information Network

Excerpt:

2. Embracing Resilience in an *At-Risk* World
Discussion Guide

Resiliency 101

Resilience is an inherent trait that exists in every person, school and community. People, schools and communities, however, all have their own, unique identities, situations, strengths and weaknesses, assets and deficits. Your understanding of resilience and how you put that into practice in your everyday life is, therefore, unique. So, while resilience exists in everyone and everywhere, there is no one-size-fits-all program or product that is guaranteed to make resilience happen.

The resilience-inspired practices at La Cima Middle School that contributed to the success they achieved (i.e., highest test scores, dramatically lower discipline referrals, zero staff attrition) came from ideas from among Mr. Woodall (principal), the faculty, other school staff, and students. What worked for them may or may not fit you and your school.

In addition to the protective factors identified in the "Resiliency 101" presentation (i.e., connection, high expectations, clear/consistent boundaries), practicing resilience requires you to be creative.

- What's your own, personal definition of resilience?

- Brainstorm, on your own and with your colleagues, a definition of resilience for your school.

- Resilience applies to everyone at school. Identify at least one protective factor that exists for school staff. How can faculty and administration maximize the benefit of that protective factor to enhance your own resilience?

- Identify at least one protective factor that presently exists for students at your school. How, in your role at school, can you use that protective factor to enhance resilience for yourself and among your students and colleagues?

- Do a review of your school's rules/conduct code. Is it a list of "do's" or a list of "don'ts"? How are expectations for behavior communicated? A sign in the hallway at school that says "no running/shouting" conveys something different than one that says "walk/quiet." When someone sees a sign posted on school grounds (i.e., at the playground or in the gymnasium) that says:

  - "no fighting"

  - "no drugs"

  - "no guns"

What does that convey about the school's expectations of student behavior? How are messages about student behavior "packaged" at your school? What expectations of students do they convey? What does a "no shouting" message convey about your expectations of student behavior?

- Are mistakes, bad decisions, discipline problems, difficulties with academic performance or crises always signs of failure? Or, could they also be "teachable moments"?

- The presentation outlined several myths that render a risk/deficit bias. Teachers and other school staff are more susceptible to "burnout" when they work in a school/school system that operates based on these   myths. If you believe that nothing you do will make much of a difference, then coming to work at school each day becomes something you have to do, rather than something you want to do. What can you do to make your work and your experience at school more rewarding and enjoyable?

- "Resiliency 101" presents a tip: Start small and let your success speak for itself. How might you begin your own journey as a resilience-oriented educator?…

Resource Guide

"Dealing with Trauma and Loss: Practical Strategies for Enhancing Resilience" pamphlet (PDF, 284K) – NEA Health Information Network, 2002.
http://www.neahin.org/resources/docs/Resilience-Brochure.pdf

NEA Crisis Communications Guide & Toolkit (Vol. 1-4) – National Education Association, (2000).
http://www.nea.org/crisis

Promoting resilience in an "at-risk" world. – Angela M. Oddone, Childhood Education: Infancy Through Early Adolescence, Vol. 78(5), 274-277 (Annual Theme, 2002).
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Resilience: Status of the Research and Research-Based Programs (Working Paper) – Nancy J. Davis. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1999.
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http://www.findarticles.com/p/articles/mi_qa3658/is_199804/ai_n8786071

Violence in Communities and Schools: A Stress Reduction Guide for Teachers and Other School Staff (PDF, 290K) – NEA Health Information Network and Substance Abuse and Mental Health Services, 2001. http://www.neahin.org/resources/docs/Stress-Guide-pdf.pdf

Stress Self-Assessment (accompanies section III)
On-line/Automatic Scoring Version
http://www.neahin.org/programs/mentalhealth/selfassess.htm

On Paper/Self-Scoring Version (PDF, 43K)
http://www.neahin.org/resources/docs/stress_self_assessment.pdf

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Videos, Web Sites, Organizations
NEA Safe Schools Now Network video series. Series of nine television programs, each with an accompanying resource and discussion guide. Episode #6, Violence-Related Stress: A Guide for School Staff, a 45-minute show produced in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA), features a segment on the Tucson Resiliency Initiative at La Cima Middle School.

Resiliency In Action/Orders, PO Box 1433, Ojai, CA 93024, 800-440-5171, Email: orders@resiliency.com. http://www.resiliency.com/index.htm

Search Institute, The Banks Building, 615 First Avenue NE, Suite 125, Minneapolis, MN 55413, (800)888-7828. Email: si@search-institute.org

Tucson Resilience Initiative. Local initiative in Tucson, Arizona involving schools and the community to nurture the innate resilience of youth. http://www.tucsonresiliency.org/
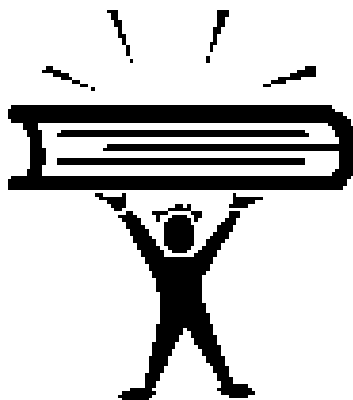
IV. Intervening to Promote Resilience in School, Home, and Community (cont.)

B. School & Community (cont.)

3. *TURNING IT AROUND FOR ALL YOUTH:*
FROM RISK TO RESILIENCE

Bonnie Benard, Resiliency Associates
Eric Digest: Eric Clearinghouse on Urban Education
http://resilnet.uiuc.edu/library/dig126.html

For more than a decade public and educational discourse has focused on "children and families at risk" (Swadener & Lubeck, 1995, p.1). Social science research has identified poverty, a social problem, as the factor most likely to put a person "at risk" for drug abuse, teen pregnancy, child abuse, violence, and school failure. Nonetheless, policy makers, the media, and often researchers themselves have personalized "at-riskness," locating it in youth, their families, and their cultures. Even though this approach sometimes succeeds in getting needed services to children and families, it has led to stereotyping, tracking, lowering expectations for many students in urban schools, and even prejudice and discrimination. Looking at children and families through a deficit lens obscures a recognition of their capacities and strengths, as well their individuality and uniqueness.

Common sense cautions against this deficit approach, and new rigorous research on resilience is disproving it scientifically. Studies demonstrate both the ways that individuals develop successfully despite risk and adversity, and the lack of predictive power of risk factors. Further, they articulate the practices and attitudes that promote healthy development and successful learning in students. Their findings are corroborated by research into the characteristics of teachers and schools, families, organizations, and communities that successfully motivate and engage youth from high-risk environments, including urban poverty (Ianni, 1989; McLaughlin, Irby, & Langman, 1994; Meier, 1995; Rutter, Maughan, Mortimore, Ouston, & Smith, 1979). This digest briefly describes how educators and schools can foster resiliency in all youth.

Positive Beliefs About All Students
The starting point for building on students' capacities is the belief by all adults in their lives, particularly in their school, that every youth has innate resilience. To develop this belief, educators and administrators need to recognize the source of their own resilience.

All Individuals Have the Power to Transform and Change
Lifton (1994) identifies resilience as the human capacity of all individuals to transform and change, no matter what their risks; it is an innate "self-righting mechanism" (Werner & Smith, 1992, p.202). "Resilience skills" include the ability to form relationships (social competence), to problem solve (metacognition), to develop a sense of identity (autonomy), and to plan and hope (a sense of purpose and future). While many social and life skills programs have been developed to teach these skills, the strong message in resilience research is, however, that these attitudes and competencies are outcomes-not causes-of resilience.

Long-term developmental studies have followed children born into extremely high-risk environments, such as poverty-stricken or war-torn communities; and families with alcoholism, drug abuse, physical and sexual

abuse, and mental illness. Researchers have found-remarkably-that at least 50 percent and usually closer to 70 percent of these children grow up to be not only successful by societal indicators but "confidant, competent, and caring" persons (Werner & Smith, 1992).

Teachers and Schools Have the Power to Transform Lives

A common finding in resilience research is the power of teachers, often unbeknownst, to tip the scale from risk to resilience. Turnaround teachers/mentors provide and model three protective factors that buffer risk and enable positive development by meeting youth's basic needs for safety, love and belonging, respect, power, accomplishment and learning, and, ultimately, for meaning (Benard, 1991). The factors are these:

Caring Relationships. Teachers can convey loving support to students by listening to students and validating their feelings, and by demonstrating kindness, compassion, and respect (Higgins, 1994; Meier, 1995). They refrain from judging, and do not take students' behavior personally, understanding that youth are doing the best they can, based on the way they perceive the world. Teachers can also help meet the basic survival needs of overwhelmed families through provision of supplies and referrals to social service agencies.

Positive and High Expectations. Teachers' high expectations can structure and guide behavior, and can also challenge students beyond what they believe they can do (Delpit, 1996). Turnaround teachers recognize students' strengths, mirror them, and help students see where they are strong. They especially assist overwhelmed youth, who have been labeled or oppressed by their families, schools, and/or communities, in using their personal power to grow from damaged victim to resilient survivor by helping them to: (1) not take personally the adversity in their lives; (2) not see adversity as permanent; and (3) not see setbacks as pervasive (adapted from Seligman, 1995). These teachers are student-centered: they use the students' own strengths, interests, goals, and dreams as the beginning point for learning, and they tap students' intrinsic motivation for learning.

Opportunities to Participate and Contribute. As an outgrowth of a strengths-based perspective, turnaround teachers let students express their opinions and imagination, make choices, problem solve, work with and help others, and give their gifts back to the community in a physically and psychologically safe and structured environment. They treat students as responsible individuals, allowing them to participate in all aspects of the school's functioning (Rutter et al., 1979; Rutter, 1984; Kohn, 1993).

Strategies for Building Resilience

A key finding from resilience research is that successful development and transformative power exist not in programmatic approaches per se but at the deeper level of relationships, beliefs, and expectations, and willingness to share power. Schools need to develop caring relationships not only between educator-student but also between student-student, educator-educator, and educator-parent. Certain programmatic approaches, however, can provide the structure for developing these relationships, and for providing opportunities for active student involvement: small group process, cooperative learning, peer helping, cross-age mentoring, and community service. Overall, schooling that has been a turnaround experience for stressed young people is described by them as being like "a family," "a home," "a community," and even "a sanctuary" (Children's Express, 1993).

School Level Approaches

Teacher Support. Just as teachers can create a nurturing classroom climate, administrators can create a school environment that supports teachers' resilience. They can promote caring relationships among colleagues; demonstrate positive beliefs, expectations, and trust; provide ongoing opportunities and time, in small groups, to reflect, dialogue, and make decisions together (McLaughlin & Talbert, 1993).

Staff Development. Teachers should reflect personally on their beliefs about resilience, and also, as a staff, exchange experiences-both personal and literary- about overcoming the odds. They can read and discuss the

research on resilience, including the studies of successful city schools (Polakow, 1994). Reaching a staff consensus about innate resilience is the first step in creating a classroom or school that fosters resilience.

School-Community Collaborations
Fostering the development of the whole child necessitates school, family, and community collaboration. Schools can develop a list of community agencies and match the needs of families with the services they provide.

Classroom Approaches
Teach to Students' Strengths. Starting with students' strengths, instead of their deficiencies, enlists their intrinsic motivation and positive momentum. It also keeps them in a hopeful frame of mind to learn and work on problems.

Teach Students That They Have Innate Resilience. Show students that they have the power to construct the meaning they give to everything that happens to them. Help them recognize how their own conditioned thinking-internalized environmental messages, such as they are not good enough or smart enough-blocks access to their innate resilience (Mills, 1991).

Provide Growth Opportunities for Students. This includes asking questions that encourage self-reflection, critical thinking and consciousness, and dialogue (especially around salient social and personal issues); making learning more experiential, as in service learning; providing opportunities for creative expression in art, music, writing, theater, video production, and for helping others (community service, peer helping, cooperative learning); involving students in curriculum planning and choosing learning experiences; using participatory evaluation strategies; and involving students in creating the governing rules of the classroom.

Self-Assess. Create an assessment tool from the best practices describing turnaround teachers and schools. Assess the classroom and school and ask students to do the same. Identify both areas of strength and challenge.

Use the Resiliency Approach in an Experiment. Choose one of the most challenging students. Identify all personal strengths, and mirror them back. Teach that the student has innate resilience and the power to create a personal reality. Create opportunities for the student to participate and contribute personal strengths. Be patient. Focus on small victories because they often grow into major transformations.

Conclusion
Working from their own innate resilience and well-being, teachers engage those qualities in their students. If they can let go of their tight control, be patient, and trust the process, teaching will become more effortless and enjoyable, and will be responding to recommendations from the research on resilience and on nurturing teachers and successful schools. It is important that teachers realize they are making a difference. When teachers care, believe in, and embrace the "city kids," they are not only enabling their healthy development and successful learning, but creating inside-out social change; they are building a creative and compassionate citizenry.

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IV. Intervening to Promote Resilience in School, Home, and Community (cont.)

B. School & Community (cont.)
4. Model Programs

Excerpt:

Growing Resilience:
Creating Opportunities for Resilience to Thrive

David Osher, Kimberly T. Kendziora, John VanDenBerg, and Karl Dennis

Nine effective, risk-reducing, and resilience-building programs provide powerful insights into what works for troubled children and how to build places where resilience thrives.
We are all inspired by stories about people who have persevered to achieve fulfillment in life. But who are the people who made it possible for these stars to shine? We must recognize the family members, friends, teachers, counselors, members of the faith community, and others who help make resilient outcomes happen. As we begin to pay more attention to the places where resilience thrives, and not just to the individuals who overcome obstacles to succeed, we can continue to make resilience a possibility for a new generation of children at risk.

It is tempting to simply give up when faced with the familiar litany of problems facing youth today (too much violence, sexual activity too early, too many drugs, not enough morality or responsibility). We sometimes hear that "nothing works" to help those who are at risk and in need. But in reality, there are many exemplary, evidence-based, family-focused programs offering both help and hope that reach beyond individuals to foster resilience. The following short list of such programs, though incomplete, can provide some powerful insights into what works for troubled children and how to build places where resilience thrives.

Seven of the nine programs described here were visited by researchers connected with the Center for Effective Collaboration and Practice after the programs (or models) were nominated as exemplary by panels of researchers, practitioners, and family members. The other two programs described here—Nurse Home Visitation and Big Brothers/Big Sisters of America—are both nationally recognized and have been the subject of rigorous evaluation.

Key Elements of Resilience-Building Programs
What we know from the field about what works is being reflected in research on effective, risk-reducing, and resilience-building programs. Effective services provide contexts that both reduce the impact of risk factors and foster the development of new or existing protective factors. These programs build on inherent strengths within families, schools, and communities, and enable these institutions to help children succeed. And more than just helping children, the best programs also support those who care for and provide services to these children, thereby enhancing their capacity to care. These programs address child development at a variety of stages, from prenatal care through postsecondary employment—stages that some would even say are too early or too late for appropriate intervention. These programs repeatedly demonstrate that resilience, rather than being solely dependent on individual characteristics, can be socially constructed.

We begin our examination of resilience beyond the individual by looking at programs that work with families during the prenatal period—before a child is even born. We follow with programs that address preschoolers and then schoolchildren, incorporating progressively broader ecological systems (schools, community institutions) into their considerations of what it takes to develop resilient children. Finally, we describe programs that move toward the ultimate goal of creating resilient communities that enable children and families to expect and achieve successful lives.

Key Elements of Resilience-Building Programs

Surveys of and information about other exemplary preventative and resilience-enhancing interventions may be obtained through these World Wide Web sites:

Blueprints for Violence Prevention:
http://www.Colorado.EDU/cspv/blueprints/

Preventing Drug Use Among Children and Adolescents: A Research-Based Guide:
http://www.nida.nih.gov/prevention/prevopen.html

Prevention and Early Intervention: Collaboration and Practice:
http://cecp.air.org/prev-ei/

Strengthening America's Families: Effective Family Programs for Prevention of Delinquency:
http://www.strengtheningfamilies.org/

Nurse Home Visitation

What happens when a woman is poor, single, and pregnant? An ordinary helper might point the mother-to-be in the direction of social services so that she could receive the public assistance to which she may be entitled. However, in some parts of the country, there are helpers who do much more. The Nurse Home Visitation Program, developed by David Olds and his colleagues (Olds, Henderson, Kitzman, et al., 1998) in Elmira, New York, offers more than a TANF paycheck to high-risk mothers. This program hires nurses who visit families in their homes 9 times during pregnancy and 23 times during the child's first 2 years of life. These visits focus on three areas:

1. Improving the women's prenatal health and pregnancy outcomes.
2. Improving the quality of child care provided to the infants once they are born in order to promote better child health and development.
3. Improving the women's personal development in such areas as educational achievement, career development, and future family planning.

This kind of very early, positive, uplifting intervention can produce significant results, especially for those families at highest risk (both low income and unmarried). When compared to high-risk women who had not received visits, program participants in Elmira had 79% fewer verified reports of child abuse or neglect, spent less time on public assistance, had 44% fewer maternal alcohol and drug abuse problems, and had 69% fewer arrests. A 15-year follow-up of these women's children showed that, compared to the children of high-risk women who had not received visits, there were 60% fewer instances of running away, 56% fewer arrests, and 56% fewer days of alcohol consumption (Olds, Henderson, Cole, et al., 1998). The program has been successfully replicated in Memphis, Tennessee, and is currently underway in Denver, Colorado. The costs of the program are recovered by the first child's fourth birthday (Karoly et al., 1998).

Among currently active nurse home visitation programs, the one developed by David Olds and his colleagues has the strongest research support. Other programs have often not demonstrated the duration of effects on children seen here. For example, the Infant Health and Development Program had dramatic effects at age 3 but almost none at age 8 (McCarton, Brooks-Gunn, Wallace, & Bauer, 1997). Examples of inactive programs include the Child Parent Enrichment Project (Barth, Hacking, & Ash, 1988) and the multiagency, interdisciplinary program studied by Huxley and Warner (1993).

Early Intervention Centers

Risks for adverse child outcomes still exist beyond the prenatal and infancy period. Toddlers who display high rates of emotionally intense, difficult behavior are at risk not only for future mental health problems, but also for child abuse and neglect. Promising interventions to build resilient families faced with such challenges exist and offer real help to families struggling with hard-to-manage preschoolers.

The resilience-building preschool-age programs with the most extensive research support are the Perry Preschool program, which pioneered the High/Scope curriculum, and the Houston Parent Child Development Center. The Perry program supports resilient outcomes by promoting school readiness in poor, underserved children and by reaching out to their families through weekly home visits by teachers.

Data from a follow-up of children served by the Perry Preschool program, conducted when participants were age 27, showed fewer chronic offenders (7% vs. 35% had been arrested five or more times), fewer welfare recipients (59% vs. 80%), and more high school graduates/GED recipients (71% vs. 54%), compared with a randomly assigned nonparticipating group of children (Schweinhart, Barnes, & Weikart, 1993). Training in the High/Scope curriculum is commercially available...

First Step to Success

Once children make the transition to school, behavior that may have been tolerable or even manageable at home can sometimes create problems in the classroom. Children who are aggressive at school risk rejection by peers and teachers, personal adjustment problems, and poor educational achievement. A proactive intervention during kindergarten may help divert children from this pathway and build resilient schools in the process.

The First Step to Success program was developed by Hill Walker and his colleagues at the University of Oregon. This program involves collaboration between the home and the school in teaching aggressive children the specific skills they need in order to succeed at school and build positive relationships. Like the Early Intervention Centers, it provides adults (in this case, teachers and parents) with the skills to support the development of children who are at risk of antisocial behavior. This intervention has three components:

1. Screening of all children to identify those needing help.
2. School-based intervention that includes teachers, peers, and parents.
3. A parent-based intervention to support parents in training their children in prosocial behavior and building self-esteem.

An evaluation of the initial trial of this program showed that it produced increases in adaptive behavior and time on task, and reductions in aggressive and inappropriate behavior. Improvements are still evident up to 4 years after services are provided (Sopris West, undated document). The program has been replicated at four sites in Oregon, three in Washington, and one in Kentucky.

Other early school-age programs that include an individual or family focus and have evidence of their effectiveness include Promoting Alternative Thinking Strategies (PATHS) (Greenberg, Kusche, Cook, & Quamma, 1995), the Seattle Social Development Project (Hawkins, von Cleve, & Catalano, 1991), and the Strengthening Families Program (Aktan, Kumpfer, & Turner, 1996).

Families and Schools Together (FAST)

Some families that are poor and socially isolated may not reach out when they are having problems because they do not know where to turn or because they find services to be aversive. Now they can turn to the Families and Schools Together (FAST) program in 27 U.S. states, Australia, Canada, and soon in Germany.

Families and Schools Together is a collaborative prevention and parent involvement program designed to address alcohol and drug abuse, violence and delinquency, and school dropout. Founded by Lynn McDonald of the University of Wisconsin—Madison, the program capitalizes on the fact that elementary school teachers are often among the first "outsiders" to notice signs of a child"s or a family"s stress. In this program, a teacher"s recommendation leads to an outreach home visit by a FAST parent graduate. During the visit, the entire family of an "at-risk" child is invited to

a meeting with 10 to 12 other families from that school. The core of the program involves eight weekly meetings, usually held in the school, during which positive, fun interactions for families are structured and facilitated by a collaborative leadership team. Every meeting includes a family meal...

Of families who attend one meeting, over 80% complete the 8-week course and participate in a formal graduation ceremony. A majority of these parents remain more involved in school activities even after the initial course is over. Families then participate in monthly follow-up meetings, which they run for 2 years. An evaluation of FAST by McDonald and Sayger (1998) showed that after program completion, there were significant improvements in the child"s classroom behavior, home behavior, and self-esteem; in family closeness; in parent involvement in school; and reduction in the family"s social isolation. Two-year follow-up data on FAST program family graduates suggest continued improvements among children.

Other successful programs that focus on school-age children include Bry"s Behavioral Monitoring and Reinforcement Program (Bry, Conboy, & Bisgay, 1986), and the Midwestern Prevention Project (Pentz, 1993).

Project ACHIEVE
Some schools have been described as hopeless and overrun with "out-of-control" students, helpless teachers, and too many disciplinary referrals. While many schools simply remove such children from their programs, Project ACHIEVE offers one alternative answer to such school-wide problems. Developed by Howie Knoff and George Batsche in the School Psychology Program at the University of South Florida, Project ACHIEVE was originally implemented in schools in the Polk and Hillsborough County school districts. Now, there are over 20 Project ACHIEVE sites across the country.

Project ACHIEVE helps individual schools strategically plan for and address both immediate and long-term student needs. It particularly emphasizes improving and increasing students" academic progress and success, social behavior, social skills and aggression control, and reducing occasions of school-based violence through organizational and resource development, comprehensive teacher inservice training and follow-up, and parent and community involvement.

The major accomplishments of the longest-running Project ACHIEVE school have included

- 28% fewer disciplinary referrals to the principal"s office
- reduction of students receiving out-of-school suspensions from 9% to 3%
- improvement in teachers" perceptions of school climate
- 67% fewer students being placed in special education
- decline in student grade retentions from 6% of student body to only less than 1%
- increase in the number of students scoring above the 50th percentile on year-end achievement tests, especially for those involved at the youngest ages
- academic improvements for those students whose parents were trained at the Parent Drop-In Center

Project ACHIEVE demonstrates that there is hope for even the riskiest, most troubled schools. Because parents and communities are involved in the effort, reform spreads beyond the individual school and brings promise to formerly blighted areas.

Other effective programs targeting the behavior of school-age students include the Adolescent Transitions Program (Dishion & Andrews, 1995), Positive Adolescent Choices Training (PACT) (Hammond & Yung, 1991), and Second Step (Grossman et al., 1997).

Big Brothers/Big Sisters of America

Many people say that nothing works with troubled kids, especially with teens. A nationwide impact study of Big Brothers/Big Sisters of America (BB/BS) (Tierney, Grossman, & Resch, 1995) has proven otherwise. This program provides youth with the desperately needed positive experience of a nurturing relationship and positive things to do outside of school hours. Youth who do not have relatives and teachers to play the role of caring adult can still be positively influenced and become more resilient and successful when they are paired with carefully selected and matched mentors.

BB/BS has served over a million children since it was established in 1904. Over 500 local offices currently screen volunteers and match them to youth in the community. BB/BS typically serves youth, ages 6 to 18, from single-parent homes. A volunteer mentor will interact on a one-to-one basis with a young person in a variety of settings. The pair meet regularly (about three times a month). BB/BS distinguishes itself from other mentoring programs by its rigorous procedures that match participating youth to a volunteer through youth assessments as well as volunteer screening and orientation. All involved parties are supervised and supported during the full duration of the program.

The evaluation by Tierney, Grossman, and Resch (1995) that tracked youth involved with Big Brothers/Big Sisters of America reported that after 18 months in the program, youth who were poor and raised in single homes where there was a high proportion of violence:

- · were 46% less likely than unmentored youth to initiate drug and alcohol use

- · were 33% less likely than unmentored youth to engage in violent behavior

- · had reduced their school absenteeism by 52%

- · were more likely than unmentored youth to have higher quality relationships with their parents/guardians and peers

In addition to these positive outcomes, BB/BS shows that using community volunteers not only helps the youth become more resilient but also builds links across generations.

Some research supports the effectiveness of a number of other mentoring programs, including Across Ages (LoSciuto, Rajala, Townsend, & Taylor, 1996), Denver"s Gang Rescue and Support Project (GRASP) (Hritz & Gabow, 1997), and Project Support (Hurley & Lustbader, 1997).

Intensive Individualized Services and Supports

Some children require more intensive services than schoolwide approaches or even such targeted interventions as mentoring or First Steps (Dwyer, Osher, & Warger, 1998). Many of these children and youth can benefit from supports that are individualized, strengths-based, culturally competent, and driven by their and their family"s needs. These interventions must be multisystemic, community-based, and unconditional (Burns & Goldman, 1999). Examples of these supports include respite care for children and families, assistance in getting youth up and out of the house so that they attend school, intensive tutoring, and therapy. Programs that use these approaches include Treatment Foster Care (Chamberlain & Reid, 1998) and Multisystemic Treatment (MST) (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998).

Chicago"s Kaleidoscope program has also used such approaches for almost 30 years in its work with youth who are experiencing multiple stressors and who have multiple risk factors. Kaleidoscope maintains a "no reject, no eject" policy. Once a child is referred, the staff will do "whatever it takes" to work toward successful outcomes not only for the child, but also for the entire family (Clark, Unger, & Stewart, 1993). Alaska"s "Youth Initiative" similarly employed such wraparound approaches in the 1980s to successfully return all of its youth to their home communities (Burchard, Burchard, Sewell, & VanDenBerg, 1993). Since 1991, the La Grange (Illinois) Area Department of Special Education has employed teacher——as well as child——and family-driven wraparound planning and supports to include students with emotional disturbance in regular classes (Eber & Osuch, 1995). And since 1994, Wraparound Milwaukee has employed similar approaches as a Medicaid managed-care behavioral health carve-out for 600 children and adolescents who have serious emotional disturbances and are under court order in the child welfare or juvenile justice system. Both Treatment Foster Care and MST have produced impressive outcomes with youth who have juvenile justice, child welfare, substance abuse, or mental heath needs.

Systems of Care

Many children with behavioral, emotional, or mental health problems need services and supports in a number of different areas, such as school, mental health, and social services. In the past, care from these different kinds of agencies has been conditional, disjointed, poorly coordinated, and agency-driven. Often youth received services in restrictive settings, and frequently these services were provided outside of the community. However, coordinating and thereby strengthening the disparate services that a community already has in place has proven a powerful way to build resilient communities.

During the last decade, federal agencies have initiated efforts to coordinate their fragmented service systems (Osher & Hanley, 1996). For example, since 1992, the Center for Mental Health Services has supported the development of local "Systems of Care." Effective Systems of Care are designed to allow different organizations and families to collaborate in planning, implementing, and evaluating approaches to providing individualized services for each child. Every child team has a family advocate, and the emphasis is on identifying and building upon child and family strengths. Teams may include representatives from mental health, education, child welfare, juvenile justice, vocational counseling, recreation, substance abuse, or other organizations. Evaluation of grantees in this program suggests that when these systems are developed effectively and when children and youth receive appropriate services, there are fewer hospital and out-of-home residential treatment placements; children"s behavior and emotional functioning improves; school performance improves; there is less law-breaking; and more children and families who receive services can be helped (Center for Effective Collaboration and Practice, 1999).

Resilient Communities

The ultimate goal in growing resilience is the creation of communities that can themselves buffer the various risks faced by all of its members and foster protective factors through building skills, providing outlets for constructive activity, and providing opportunities for meaningful relationships. One may think that this kind of community-building is not possible in this alienated, disconnected age. However, several communities have shown not only that they could come together to serve their endangered members, but also that it could be done efficiently and done well. These communities have developed new structures to develop resilient neighborhoods built on community strengths and have added community resources in creative ways.

One very exciting demonstration of this process of "back-loading" social resilience is currently being implemented in Barrie, Ontario (Simpson, 1998). In this effort——a mix of community organizing and the wraparound process——the community was divided into nine separate areas. Any citizen of any age within these areas who has needs that cannot be met with traditionally funded services or their own informal supports can request a wraparound plan. Each area has individuals trained in wraparound process and planning. A central community team manages the process and provides flexible funding to meet needs that cannot be funded any other way. The effort is co-funded by United Way, local and regional service agencies, and private individuals, and also involves churches and the business community.

Another innovative community development process is exemplified by King County, Washington, in the Bothell area. This effort, called the Family Support Network (Honey, 1997), has been developed by a group to provide a safety net and network for families who have complex needs. One of the principal beliefs of the effort is that "the more resourceful we are amongst ourselves, the more valuable a resource we become to our families, our communities, and our world." The Family Support Network recruits and trains community members as volunteers into the network to provide support to each other. The effort maintains a village directory and databank that contains member skills, hobbies, experiences, and resources to be shared. Organized as a nonprofit organization, the effort helps community members who feel isolated, confused, or alone.

Finally, other efforts being piloted by the grantees of the Center for Mental Health Services" Division of Knowledge Development and Systems Change in over 40 sites often have included a strong focus on developing linkages to community resources and to neighborhoods. An example of this type of effort has been the Sacred Child Project in North Dakota, which uses cultural and spiritual linkages to help keep youth on the reservation instead of placing them in residential or institutional care (see page 69). Another example of a successful grant is the KanFocus effort in 13 counties in southeast Kansas (James Rast, personal communication, Spring 1999). In this effort, local community teams comprised of both formal, funded services and schools and informal networks of supports like churches and service clubs have linked together to build large resource pools that are available to families with complex needs.

If community-building efforts such as these are to succeed, they must address three daunting challenges. First, they must overcome what John McKnight (1995) described as the disabling function of the expert model of professionalized services. Some Center for Mental Health Services" Systems of Care grantees are starting to accomplish this goal by supporting, for example, the development of new roles for families (Osher, deFur, Nava, Spencer, & Toth-Dennis, 1999). Second, these efforts must address the subtle and complex ways in which "isms"——racism, ethnocentrism, sexism, heterosexism, ableism, ageism——inhibit the development of community. Effective approaches to cultural competence suggest what can be done to create organizations that value and address diversity (Osher & Mejia, 1999). Finally, successful community building must address how poverty and the maldistribution of wealth and power contributes to "rotten social outcomes" (Schor, 1995; Schorr, 1988). Although these approaches are not easy, they can help develop the qualities that children and youth need to become healthy, caring, and responsible.

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IV. Intervening to Promote Resilience in School, Home, and Community (cont.)

C. Family

1. Family Resiliency: Building Strengths to Meet Life's Challenges

2. Cultivating Resilience: An Overview for Rural Educators and Parents.

IV. Intervening to Promote Resilience in School, Home, and Community (cont.)
C. Family

Excerpt from:

1. Family Resiliency:

Building Strengths to Meet Life's Challenges

Understanding Resiliency

Resiliency is the ability to bounce back from stress and crisis. It is displayed in individuals as optimism, resourcefulness, and determination. Individuals, families, and communities demonstrate resiliency when they build caring support systems and solve problems creatively. While individuals, families, and communities each have unique coping capacities, together they form a dynamic support system.

Because individuals, families, and communities show resiliency in unique ways there are no universal rules for success. Resiliency isn't simply the ability to cope with everyday stress. Because stress is inevitable those who work hardest to escape it may be most vulnerable to its effects.

Survival is one resiliency indicator. Confidence hard work, cooperation and forgiveness are also long-term predictors of individual, family, and community well-being.

> Individual resiliency is a unique blend of heredity, learning, and support.

Resilient behavior is especially critical for the most vulnerable children and families. Today's societal challenges require education and service programs that help counteract the impact of poverty, illness, substance abuse, and violence. Prevention and early intervention efforts help build coping skills that can reduce the need for expensive, crisis-level services.

Resiliency and the Individual

From an early age, individuals learn resilient behavior at home and in their communities. Children often provide the most graphic examples of resiliency. Consider Albert Einstein , Helen Keller, and Thomas Edison, who succeeded despite being labeled unteachable and doomed to fail.

An extensive study by Emmy E. Werner and Ruth S. Smith found similar success in infants who were underweight and slow to develop. Children in the study who received supportive, stimulating care showed normal

> Individuals, families, and communities form a dynamic support system against the inevitable stresses of life.

development at two, six, and ten years. Those at risk for school failure thrived when caring adults valued them and supported their educational and extracurricular activities.

Overall, the children's health and success in school relationships, and jobs correlated with: their disposition, intelligence, communication skills, and internal locus of control; parental warmth and support, and positive relationships with siblings or other adults; and support systems in school, church, or community clubs that rewarded competence and provided a value system.

Such findings present important implications for Extension programming, according to Karen Bogenschneider, Stephen Small, and David Riley. Their research indicates that reducing risk factors and enhancing protective factors can help strengthen youth coping and competence (figure 2).

One protective factor is found in the cognitive - behavioral approach used by psychologist Martin Seligman. Setting and achieving goals for increasingly challenging tasks encourages "learned optimism." This helps individuals build confidence base that strengthens their personal control and competence, lowers their anxiety, improves their relationships, and increases their productivity...

Resiliency and the Family

Strong families help children learn resilient behavior, according to researcher Mark Roosa, when they teach problem-solving skills and provide positive, noncritical support and a sense of togetherness. The values and skills learned at home give individuals the power to shape their lives.

Families that learn how to cope with challenges and meet individual needs are more resilient to an stress and crisis. Healthy families solve problems with cooperation, creative brainstorming, and openness to others, according to David Reiss. Other researchers, including James Garbarino, emphasize the role of social support and connectedness (versus isolation) in family resiliency...

Resiliency and the Community

Like individuals and families, communities have strengths and vulnerabilities that influence life and foster resiliency. Neighborhoods, schools, churches, businesses, and government organizations are all part of this multifaceted influence.

Economic vitality is one factor necessary for community survival. A sagging economy increases risks and diminishes long-term opportunities for families. Other factors, such as those identified for rural communities by researchers DeWitt John, Sandra S. Batie, and Kim Norris, may increase resiliency.

Support and resource networks buffer stress and promote self-reliance. These networks include natural helpers like family and friends, as well as family-friendly professionals. Researchers John P. Kretzmann and John L. McKnight defined personal, cultural, and material resources as building blocks for maximizing community resiliency...

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Figure 2. Influences of Resilience

	Risk	**Protective Factor**
Individuals	Anti-social behavior and hyperactivity Alienation or rebelliousness	Problem-solving and intellectual abilities Self-esteem, self-efficacy, responsibility
Family	Poor parental monitoring Distant, uninvolved, inconsistent parenting Unclear family rules, expectations, rewards	Close relationship with at least one adult
Peers	Peers engaged in risk behaviors	A close friend
School	School transitions Academic failure Low commitment to school	
Work Setting	Long work hours	Required helpfulness
Community	Low socioeconomic status Complacent or permissive school community laws, norms Low neighborhood attachment, community disorganization, and high mobility	Belonging to a sup-supportive community Bonding to family, other institutions

Intervention: Family Resiliency and Effective Family Programs

How can families be encouraged to cultivate their strengths to positively meet life's challenges? Just as there are no universal rules for developing resiliency, no prescriptions guarantee the success of programs that address the needs of at-risk children, youth, and families. Research does highlight, however, some common elements in effective programs.

Community Based
Community-based programs need to recognize that children are part of a family and community. Programs that encourage neighborhood and school involvement help communities respond to the needs of individuals and families.

Comprehensive
Programs that provide continuous intense interaction with competent, caring adults and peers are more effective them programs designed solely for crisis situations. Effective programs focus on services that address the educational, health, social, and emotional needs of individuals, parents, and children.

Empowering
Programs that provide nurturing connections with others help individuals and families learn about community resources and link them to the world of work. Successful programs involve clients in shaping their own interventions.

Complex
Programs must focus on causes; addressing immediate symptoms is not enough. Early intervention and crisis prevention should be emphasized. Addressing barriers to change empowers individuals and families to become part of the decision-making process.

Culturally Relevant
Programs that respect individual and cultural differences build strengths in the clients they serve. Addressing barriers and accommodating different learning styles helps build a broad resource base for problem solving.

Collaborative
Programs need to involve multiple agencies, organizations, and citizens to be effective. Coordination with existing services helps integrate programs into communities.

Respectful
Interactions between programs and clients that focus on equality and respect solidify relationships and provide opportunities for one-on-one interaction. Voluntary programs that are accessible and easy to use encourage participation. Using mentors to share their experiences helps clients address their own goals.

Intergenerational
Programs that value resiliency use an encouragement model that takes am intergenerational approach to build on family strengths. Programs that provide parent education can help families acquire basic skills and promote informal support among peers.

Accountable
Programs need regular assessment to make services more responsive to families and to justify financial investment.

Excerpt from: Family Resiliency: Building Strengths to Meet Life's Challenges

Resiliency and Public Policy

Policy decisions—local, state, or federal—may dramatically affect the lives of families. Yet, policy proposals often focus on individuals such as un-wed parents, youth offenders, or school dropouts, and fail to consider them as part of families.

According to Shirley Zimmerman family policy is a "certain perspective for thinking, understanding, and acting regarding families." From the family resiliency perspective, all families have strengths. Empowerment becomes the chief cornerstone of policies that enhance resiliency.

The essential first step in developing family-friendly policies is to ask the right questions. G.L. Stevens suggests some questions as guides: What values have influenced the development of the policy? Does the proposal benefit one group of families at the expense of others? What will be the short-and long-term impact on families and communities? Does the policy enhance or deter family stability?

T. Ooms and S. Preister outlined six guiding principles for evaluating policy impact on families. Each principle reflects an implied value.

1. Family Support and Responsibilities
Policies should support and supplement family functioning and provide substitute services as last resort. *Underlying Value: Families fill some functions best; Institutes are a last resort.*

2. Family Membership and Stability
Policies should encourage and reinforce family commitment and stability, especially when children are involved. *Underlying Value: Removal of family members is done only as protection from serious harm.*

3. Family Involvement and Interdependence
Policies must recognize the interdependence of family relationships, the strength of family ties and obligations, and the resources families have to help their members. *Underlying Value: Solutions to individual problems shouldn't harm other family members.*

4. Family Partnership and Empowerment Policies must encourage family members to collaborate as partners with professionals in Service delivery. *Underlying Value: Policies usually are more relevant to family needs when families are involved in their development.*

5. Family Diversity
Policies must acknowledge and value the diversity of family life and recognize the different ways families may be impacted. *Underlying Value: All families need support and shouldn't be disadvantaged because of structure, cultural values, life stage, or circumstance.*

6. Family Vulnerability
Families with the greatest economic and social need should have first priority in government policies. *Underlying Value: All families deserve support. Policies should give special consideration to those with the greatest social and economic limitations, and to those most likely to break down.*

Empowering families to think critically about public policy issues that impact them and encouraging dialogue between families and policy makers are major steps in building resilient individuals, families, and communities.

IV. Intervening to Promote Resilience in School, Home, and Community
C. Family (cont.)

2. Cultivating Resilience: An Overview for Rural Educators and Parents. ERIC Digest.

The positive concepts of resilience and protection are less familiar to rural educators and to policymakers than the negative concept of risk (as in "at-risk students"). Perhaps this state of affairs is the result of an appropriate and longstanding research effort to understand the prevalent threats to children's well-being. But when it comes to actually helping children, educators need to understand more clearly what goes right even in risky circumstances, and why. Recent research suggests things schools and communities can do to protect children against the very real threats that confront families and individuals.

This Digest interprets these findings for application in rural communities. The purpose here includes helping educators and policymakers to regard students not as problems to be "fixed," but as personalities to be protected--and in which to nurture internal resilience to the prevalent threats. Such a shift in thinking constitutes a radically new way of looking at an old phenomenon. Garmezy (1991, p. 428) puts it this way: "To think of the appropriate role [for the school] is to think of oneself as a protective figure whose task is to do everything possible to enhance students' competence." Competence includes the capacity to deal with external threats, and all children need to develop such competence.

AT RISK VS. RESILIENT--A DIFFERENCE IN OUTLOOK

"At risk," a term borrowed from the field of medicine, is used educationally in a wide variety of definitions-- at risk of not graduating from high school, at risk of developing alcohol and other drug abuse problems, at risk of failure in life. Through overuse the term loses meaning. One can easily show, for instance, that all children (indeed, all people) are at risk. Life inevitably entails threats, after all, no matter how comfortable one's circumstances.

But many educators are understandably suspicious of the negative implications of identifying and labeling children as being at risk for such conditions as "failure in life." Fortunately, researchers began studying infants born to at-risk families years ago. They have discovered, in fact, that many infants born into risky circumstances actually become healthy adults (Garmezy, 1993; Rutter, 1987; Werner & Smith, 1982, 1992). Some combination of circumstance and temperament helped these individuals to withstand the threats that life handed them.

PROTECTIVE FACTORS

"Resiliency" is the construct used to describe the quality in children who, though exposed to significant stress and adversity in their lives, do not succumb to the school failure, substance abuse, mental health problems, and juvenile delinquency predicted for them (Linquanti, 1992). The presence of protective factors in family, school, and community environments appears to alter or reverse predicted negative outcomes and foster the development, over time, of resiliency.

Key protective factors found in families, schools, and communities are identified by Benard (1991):

> * a caring and supportive relationship with at least one person;
>
> * consistently clear, high expectations communicated to the child; and
>
> * ample opportunities to participate in and contribute meaningfully to one's social environment.

Protective factors help develop resilient children, who exhibit the following characteristics (Benard, 1991):

> * social competence that allows the individual to sustain relationships;
>
> * use of problem-solving skills in daily life; and
>
> * a clear sense of personal autonomy, purpose, and future.

Garmezy (1991, p. 427) insists that the changed thinking of educators needs to include "the proud awareness" that their work in classrooms and schools is "the most worthy of societal enterprises--the enhancement of competence in their children and their tailoring, in part, of a protective shield to help children withstand the multiple vicissitudes that they can expect of a stressful world." But where and how do rural schools begin to tailor a "protective shield"?

WHERE DO WE BEGIN?

Across the nation, rural communities and schools differ dramatically from one another. No single set of prescriptions could possibly cover rural communities of Mexican Americans, African Americans, American Indians, Alaska Natives, or Appalachians. Though the rural poverty rate is high and many areas suffer economically, writers have observed that rural communities persist. Rural communities can be much more cohesive than urban or suburban neighborhoods; for instance, strong kinship ties are common in rural communities.

Sociologist James Coleman (1988) refers to the personal relationships in a community--particularly those that span the generations--as "social capital." Social capital represents connections among people in a given place that allow them to care for one another--to look out for each other's well-being and for the well-being of one another's children. Rural areas can develop their comparatively greater social capital to help strengthen more children and families against factors that might put them at risk.

Although comparatively little R&D effort has focused on rural communities, Werner and Smith (1992) summarize several useful principles based on their 40-year longitudinal study of disadvantaged children and families in Hawaii. These principles are interpreted, next, in the light of rural circumstances.

Set priorities. When resources are limited (as they are in many rural communities), efforts should be guided by an assessment of priority, based on the most potentially damaging local threats. The question of priorities is very much a local one. Which local circumstances pose the greatest threats and to whom? The diversity of rural communities means that priorities will vary.

Assess available capacity. As part of a community effort, schools need to be aware of--and use--existing services. The key idea to remember is that resiliency is best nurtured and ensured community-wide. A student who accesses protective factors anywhere in the community benefits the whole community--and, in fact, contributes to an increase in the community's social capital (Linquanti, 1992). Schools' efforts, in both formal and informal activities, must therefore protect existing support systems. In fact, they should be designed to enhance existing support systems.

Support and celebrate. Resiliency can be cultivated, according to the research, through a child's solid, meaningful connection with just one very caring individual (Benard, 1991). A child may connect with the right important individual in school, at church, at a youth or family center, at 4-H activities, or at a local clinic or agency. These people--in whatever capacity the child relates to them--become mentors (Cecil & Roberts, 1992; Flaxman, 1992). They give the community's children a secure basis for the development of trust, autonomy, and initiative; and the community should support their efforts prominently. Some staff training may be necessary for mentors, but genuine celebrations of the relationships between mentors and their proteges are also important.

Tear down turf boundaries. Obviously, jealously guarded institutional boundaries are not consistent with the theory and practice of cultivating resilience. Here is where rural communities have another advantage. Interdisciplinary arrangements between schools and social services first became operational in rural areas, where scarcity of resources necessitated collaboration. The trend to work with other agencies continues to grow, as reflected in the literature (see Lutfiyya, 1993, ERIC/CRESS Digest EDO-RC-92-9).

RESOURCES

Research on specifically rural interventions is scanty. The reference list below includes available resources that rural school leaders can review for ideas that have at least worked in urban settings. Benard (1991) and Linquanti (1992) provide particularly thorough introductions to the resiliency paradigm, both with extensive bibliographies. Crockett and Smink's (1991) guidebook on mentoring is excellent. Though few models for instituting a resiliency paradigm exist, Winfield's (1991) framework for planning school and community interventions can be adapted for any size school district. At the classroom level, Hodges (1993) and Cecil and Roberts (1992) provide good starting places for teachers.

A growing literature on service learning, which includes community-wide efforts and mentorships of the sort considered above, is also relevant when thinking about resilience, protection, and social capital. The aims of service learning relate very clearly to the protective factors described in this Digest. A three-volume resource series titled Combining Service and Learning (Kendall & Luce, 1990) features an extensive annotated bibliography, descriptions of many programs, consideration of implementation issues and dilemmas, and original articles on a variety of topics related to the policy and practice of service learning.

You can also contact the National Service-Learning Clearinghouse at 1/800-808-SERVE, via the Internet at serve"at sign"maroon.tc.umn.edu, and via their gopher server address, gopher.nicsl.coled.umn.edu (note that "gopher" is part of the address) for resources and "nuts and bolts" contact information about service learning efforts (contacts for hundreds of service learning programs are available).

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V. References & Resources

A. References

B. Agencies, Organizations, & Internet Sites

C. Consultation Cadre

D. A Few Other Related Resources from our Center

* Materials

* Quick Finds
 - *Resilience/Assets*
  - *Mentoring*

V. References & Resources

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Spotlight on...
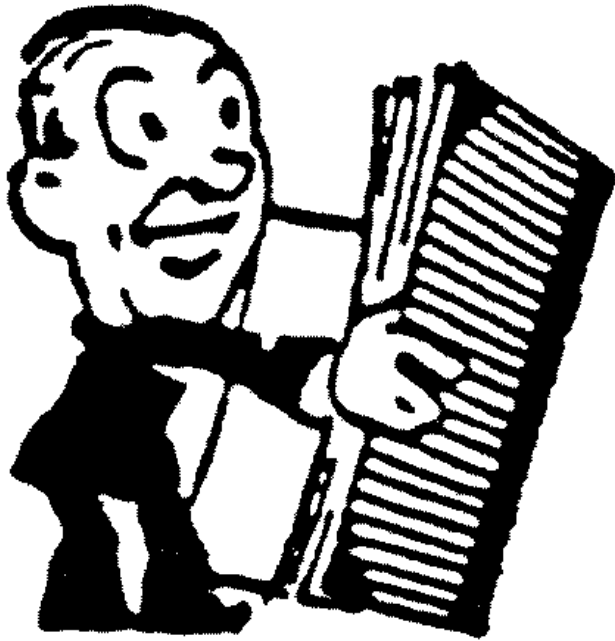
"Resiliency In Action is dedicated to the exciting, hopeful, and very real concept of resiliency.

Evidence is all around us of the ability of children, youth, adults, organizations, and communities to bounce back from stress and adversity.

Our purpose is to spread the news of resiliency through sharing research and facilitating the practical application and evaluation of the resiliency paradigm."

View the table of contents of recent issues here: http://www.resiliency.com/recent.html

In Every Issue:

Bonnie Benard's "Corner on Research" and interviews with resiliency researchers

"The Faces of Resiliency" by Nan Henderson

"Political Watch"

Reports on interventions and programs that foster resiliency, by resiliency researcher Dr. Gelnn Richardson and his colleagues

Other research findings, successful practices, book reviews, and resource and event listings

Turning the Corner From Risk to Resiliency
A Complilation of Articles from the Western Center News
by Bonnie Benard, November 1993

This 61 page collection of Bonnie Benard's "Corners on Research" from the Western Regional Center for Drug-Free Schools and Communities' Western Center News is available for download from the ERIC website.
(http://www.eric.ed.gov/ERICWebPortal/contentdelivery/servlet/ERICServlet?accno=ED364981)

Peer Programs Hold Promise for Prevention
From Western Center News, December 1990, Vol.4, No.1

Collaboration Fosters Creative Problem Solving
From Western Center News, March 1991, Vol.4,No.2

Schools Should Celebrate Multicultural "Salad"
From Western Center News, June 1991, Vol.4,No.3

Prevention Should Emphasize Protective Factors
From Western Center News, September 1991, Vol.4,No.4

School Restructuring Can Promote Prevention
From Western Center News, December 1991, Vol.5,No.1

Creating Change Requires Vision, Interaction
From Western Center News, March 1992, Vol.5,No.2

How Schools Convey High Expectations for Kids
From Western Center News, June 1992, Vol.5,No.3

Quality of Relationship is Key to Mentoring
From Western Center News, September 1992, Vol.5,No.4

Collaboration Can Help Foster Kid's Resiliency
From Western Center News, December 1992, Vol.6,No.1

Resiliency Requires Changing Hearts and Minds
From Western Center News, March 1993, Vol.6,No.2

New Research Adds to Knowledge on Resiliency
From Western Center News, June 1993, Vol.6,No.3

Resiliency Paradigm Validates Craft Knowledge
From Western Center News, September 1993, Vol.6,No.4

Adolescent Society
From Western Center News, December 1993, Vol. 7, No. 1

V. References & Resources

B. Agencies, Organizations and Online Resources Related to Protective Factors (Resiliency)

Attainment Company
http://www.attainmentcompany.com/
> This site offers proactive at-risk resources on violence prevention, school at work, self-esteem, resiliency, counseling issues and more. Demos of software for download are also available here. Register for their free catalogue.

Center for Educational Research and Development
http://www.cerd.org
> An innovative, non-profit organization devoted to the healthy development of young people and their families through pro362grams, evaluation, research and policy consultation. They specialize in:
>   Developing and facilitating youth and family services in schools and communities (i.e. Resilience, Muliticulturalism, Harm Reduction).
>   Conducting evaluations of programs related to youth and family development (i.e. Drug Education and/or Drug Abuse Resistance Education (D.A.R.E.).
>   Providing workshops and seminars on topics related to youth and family development.
>   Disseminating research findings through scientific publications and public collaboration.
> They provide reality-based program, research and policy information.
>> PO Box 7186, Berkeley, CA 94707-2306.
>> Phone: (866) ASK-CERD (275-2373) / Email: info@cerd.org

Child Trends: An independent nonpartison research center that provides Research Briefs at:
http://www.childtrends.org. Their Youth Development section includes:
> Mentoring: A Promising Strategy for Youth Development (11/02)
> Prevention Problems vs. Promoting the Positive (5/00)
> American Teen Series:
>> A Summary of What Works in Youth Development (11/02)
>> Encouraging Civic Engagement (10/02)
>> Promoting Positive Mental and Emotional Health (9/02)
>> Helping Teens Develop Health Social Skills and Relationships (7/02)
>> Encouraging Teens to Adopt a Safe, Healthy Lifestyle (6/02)
4301 Connecticut Ave., NW, Suite 100, Washington, DC 20008
Phone: 202-572-6000; Fax: 202-362-8420

Connecticut Clearinghouse
http://www.ctclearinghouse.org/
> The state's resource center for information about alcohol, tobacco, other drugs, and related issues affecting mental health and wellness. Part of Connecticut's Prevention Infrastructure and designated by the national Center for Substance Abuse Prevention as the state's RADAR network center. A program of Wheeler Clinic, the Clearinghouse is funded by the CT Department of Mental Health and Addiction Services. Membership and services offered by the Connecticut Clearinghouse are limited to those living and working in Connecticut; for information on your state's RADAR network center, call 1-800-232-4424. All viewersare invited to browse the Fact Sheets and other Web Site offerings. 334 Farmington Avenue, Plainville, CT 06062 / Phone: 1-800-232-4424 / Fax: 1-860-793-9813

Creative Partnerships for Prevention
http://www.CPPrev.org/contents.htm
> The goal of this national initiative is to provide current information, ideas, and resources on how to use the arts and humanities to enhance drug and violence prevention programming, foster resiliency in youth, and implement collaborations within communities to strengthen prevention programs for youth. The materials developed for this initiative have been designed with the guidance of educators, prevention specialists, youth workers, and professionals from cultural institutions (arts and humanities organizations, museums, libraries, etc.).

Family Resiliency: Building Strengths to Meet Life's Challenges
http://www.extension.iastate.edu/Publications/EDC53.pdf
> Read or download the many articles and documents on resiliency available through this site.

National Disability Rights Network (NDRN)
http://www.napas.org/
> NDRN is the nonprofit membership organization for the federally mandated Protection and Advocacy (P&A) Systems and Client Assistance Programs (CAP) for individuals with disabilities. Collectively, the P&A/CAP network is the largest provider of legally based advocacy services to people with disabilities in the United States.
> > **Contact:** info@ndrn.org (Curtis L. Decker, Executive Director)
> > 900 Second Street N.E. Suite 211, Washington, DC 20002
> > Ph: (202) 408-9514 / Fax: (202) 408-9520

National Network for Family Resiliency (NNFR)
http://www.agnr.umd.edu/nnfr/home.html
> NNFR is part of the Children, Youth, and Families-at-Risk Network (CYFERNet). Provides access to family resiliency information and resources through electronic media, training, education, and community development; Brings together educators, researchers, agency personnel, families, advocates, and practitioners who share an interest in strengthening families facing multiple risks; Consists of more than 41 land grant universities in collaboration with the Cooperative State Research, Education and Extension Service (USDA), National 4-H Council, and the Cooperative Extension System; Includes faculty with diverse experience and skills in youth development, family and consumer sciences, community development, and communications technology.
> > NNFRINFO@mes.umn.edu (For subscription or general information)
> > NNFR@mes.umn.edu (For total network)
> > NNFR Coordinator and Convener: JaneAnn Stout, E-mail: x1stout@exnet.iastate.edu; Tel: 515-294-7244

Project Resilience
http://www.projectresilience.com/
> A private initiative based in Washington DC, offers training and products for professionals in education, treatment, and prevention. Promotes a strength-based approach to both youth and adults struggling to overcome hardship, for instance family distruption, poverty, violence, substance abuse, and racism.
> > e-mail: info@projectresilience.com
> > Suite 113, 5410 Connecticut Ave., N.W., Washington, D.C. 20015
> > Tel: (202) 966-8171 / Fax: (202) 966-7587

On-Line BULLETIN BOARD
RESILIENCE IN ABUSED CHILDREN
http://www.ndacan.cornell.edu/hyper/msg01983.html
Here you can read and post questions and comments on the topic of Resilience in Abused Children.

**Resiliency In Action**
http://www.resiliency.com/
> The purpose of this journal is to spread the news of resiliency through sharing research and facilitating the practical application and evaluation of the resiliency paradigm.
> > PO Box 1433, Ojai, CA 93024   Email: orders@resiliency.com
> > Phone: (800)440-5171 / Fax: (805)640-6495

Spotlight on...

Project Resilience
http://www.projectresilience.com/
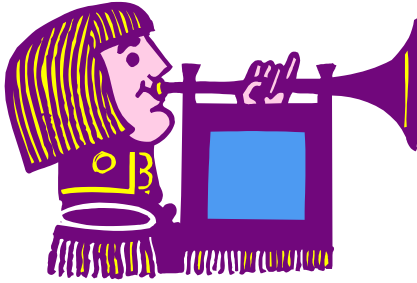
Project Resilience is a private initiative based in Washington DC. They offer training and products for professionals in education, treatment, and prevention. They promote a strength-based approach to both youth and adults struggling to overcome hardship, for instance family disruption, poverty, violence, substance abuse, and racism. Project Resilience offers several forms of training for helping administrators and professionals in schools, clinics, community centers, prevention settings, and agencies. Their website features a Bulletin Board Discussion Group, publications and ordering information.

Project Resilience
5410 Connecticut Ave., N.W., Suite 113
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e-mail: info@projectresilience.com

Steven Wolin, M.D. & Sybil Wolin, Ph.D. have developed these core concepts that are the hallmark of the Project Resilience approach to working with people's strengths:

- *Resilience as Paradox*   - *Child, Adolescent, and Adult Phases of Strengths*
- *Survivor's Pride*   - *Challenge Model*
- *Vocabulary of Strengths*   - *Reframing*
                                   - *Talking About Strengths*

Since the Wolins began their work on resilience in the late 80's, they have presented more than 160 workshops across the country and abroad, for instance, to state and county child welfare departments, alcohol and drug prevention agencies, school systems, professional associations, and mental health clinics.   Recent consultations include the U.S. Holocaust Museum, SAMSHA's Center for Mental Health Services, the Alberta Department of Youth and Family Services, the Licking County (Ohio) Civilian Conservation Corps.

Articles available on-line include:

Project Resilience and Youth Communications, The Struggle To Be Strong and The Leaders' Guide To The Struggle To Be Strong, Free Spirit, in press.
Wolin, S and Wolin S.J. "Shaping a Brighter Future by Uncovering `Survivor's Pride`", Reaching Today's Youth, Vol. 2, #3, Spring 1998
Desetta, A. and Wolin S., "Youth Communication: A model Program for Fostering Resilience Through the Act of Writing", Resiliency in Action, Winter, 1998
Bickart, T.B. and Wolin, S., "Practicing Resilience in the Elementary Classroom", Principal, 77:(2)21-24, 1997
Wolin, S. and Wolin, S.J. "Shifting Paradigms: Easier Said Than Done", Resiliency in Action, Fall, 1997

Spotlight on...

Search Institute

Search Institute is an independent, nonprofit, nonsectarian organization whose mission is to advance the well-being of adolescents and children by generating knowledge and promoting its application.

Areas of Work

Research & Evaluation--Search Institute conducts in-depth research, evaluation, and survey services to explore young people's needs and the effectiveness of youth-serving programs. These studies have been conducted in hundreds of communities and organizations across the United States.

Publishing & Communication--Search Institute translates research findings into books, reports, videos, newsletters, and other materials (including this Web site). Products include a quarterly magazine, Assets: The Magazine of Ideas for Healthy Communities & Healthy Youth, a twice-yearly newsletter (Source)on the institute's work, and a collection of more than 100 books, reports, videos, and other resources. (Check out many of our publications and other resources.)

Training & Consulting--Search Institute provides consulting, technical assistance, and training for community partnerships and organizations dedicated to the well-being of children and youth. Most of this work centers around Search Institute's national Healthy Communities - Healthy Youth initiative.

National Initiatives--Search Institute provides leadership for Healthy Communities - Healthy Youth, a national initiative that seeks to motivate and equip individuals, organizations, and their leaders to join together in nurturing competent, caring, and responsible children and adolescents. The initiative, rooted in Search Institute's framework of developmental assets, provides communities, schools, organizations, and families with research, evaluation, resource materials, technical assistance, networking opportunities, and training to launch and sustain long-term efforts to promote the positive development of youth. Major support for Healthy Communities - Healthy Youth is provided by Lutheran Brotherhood, a not-for-profit financial services organization, and by other funders.

Search Institute's initiatives include a statewide effort in Colorado, Assets for Colorado Youth, a five-and-a-half-year project funded through a major grant from The Colorado Trust. This comprehensive asset-building initiative encourages public awareness and education, community mobilization, individual and institutional adoption of the assets framework, and action by individuals and groups. The initiative is managed by Search Institute through a Denver office and staff.

The institute's national initiatives also include Uniting Congregations for Youth Development, a four-year project funded by the DeWitt Wallace-Reader's Digest Fund, to provide youth workers from all faith traditions with resources and training/networking opportunities that can strengthen their congregations' abilities to build developmental assets.

To subscribe to Assets: The Magazine of Healthy Communities & Healthy Youth , call 1-800-869-6882.

Consultation Cadre Contacts

Professionals across the country volunteer to network with others to share what they know. Some cadre members run programs, many work directly with youngsters in a variety of settings and focus on a wide range of psycho-social problems. Others are ready to share their expertise on policy, funding, and major system concerns. The group encompasses professionals working in schools, agencies, community organizations, resource centers, clinics and health centers, teaching hospitals, universities, and so forth.

People ask how we screen Cadre members. We don't! It's not our role to endorse anyone. We think it's wonderful that so many professionals want to help their colleagues, and our role is to facilitate the networking. If you are willing to offer informal consultation at no charge to colleagues trying to improve systems, programs, and services for addressing barriers to learning, let us know. our list is growing each day; the following are those currently on file related to this topic. Note: the list is alphabetized by Region and State as an aid in finding a nearby resource.

EAST

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TOPIC: Resilience/Protective Factors

The following reflects our most recent response for technical assistance related to this topic. This list represents a sample of information to get you started and is not meant to be exhaustive.
(Note: Clicking on the following links causes a new window to be opened. To return to this window, close the newly opened one.)

Center Developed Documents, Resources and Tools

Technical Assistance Sampler
- **Protective Factors/Resiliency**

Newsletters

- **Ideas into Practice: About Motivation** (Spring, '01)
- **Enabling Learning in the Classroom: A Primary Mental Health Concern** (Spring '98)
- **Easing the Impact of Student Mobility: Welcoming & Social Support.** (Fall, '97)
- **Promoting Youth Development and Addressing Barriers.** (Fall, '99)

Informational Sheets

- **About School Engagement and Re-Engagement**
- **About Positive Psychology**

Technical Aid Packets

- **After-School Programs and Addressing Barriers to Learning**
- **School-Based Mutual Support Groups (For Parents, Staff, Older Students)**
- **Volunteers to Help Teachers and School Address Barriers to Learning**
- **Welcoming and Involving New Students and Families**

Practice Notes

- **About Motivation**
- **Natural Opportunities to Promote Social-Emotional Learning and MH**

Other Resources

- **Guides to Practice: What Schools Can Do to Welcome and Meet the Needs of All Students and Families**
- **A Center Brief: Early Development and School Readiness from the Perspective of Addressing Barriers to Learning (November, 2001)**
- **Introductory Packet: Early Development and Learning from the Perspective of Addressing Barriers**
- **Continuing Education Module: Addressing Barriers to Learning: New Directions for Mental Health in Schools**
- **Quick Training Aid: Re-engaging Students in Learning**
- **Transitions: Turning Risks into Opportunities for Student Support**

Other Relevant Documents, Resources, and Tools on the Internet

- **A friend in need: The role of friendship quality as a protective factor in peer victimization and bullying**

- **"American Psychological Association Resilience for Kids & Teens Campaign"**
- **Beyond Individual Resilience**
- **Building Assets for Youth**
- **Building Assets: What Parents Can Do**
- **Data Trends: The Effectiveness of Strength-Based Treatment for Youth with Emotional or Behavioral Disorders** (March 2007)
- **Developmental Assets: An Overview**
- **Empowering Teens: A Guide to Developing a Community-Based Youth Organization (2001) - a CROYA book**
- **Fostering Resilience in Children**
- **Fostering Resilience in Children- from the Clearinghouse on Elementary and Early Childhood Education**
- **Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community**
- **"From Risk to Resiliency"**
- **Good Kids in Bad Circumstances: A Longitudinal Analysis of Resilient Youth**
- **Growing Resilience: Creating Opportunities for Resilience to Thrive**
- **Healthy Communities- Healthy Youth**
- **Healthy Youth, CDC, DASH**
- **Mapping Community Capacity**
- **Promoting Positive and Healthy Behavior in Children**
- **Promoting Resilience: Helping Young Children and Parents Affected by Substance Abuse, Domestic Violence, and Depression in the Context of Welfare Reform**
- **Protective Factors in Individuals, Families, and Schools**
- **Race, genetics, and health disparities: A community resilience approach to reducing ethnic and racial disparities in health**
- **"Resiliency in an at Risk World" NEA Health Information Network**
- **Resilience fact sheets geared toward specific populations(e.g., children, people of color, military families, primary-care providers, mental health workers, first responders, and others)**
- **Resilient children in distressed neighborhoods (2005) M. Eeiseman, et al, Urban Institute**
- **Resilient children: Literature Review and Evidence from the HOPE VI Panel Study**
- **Resiliency is not enough: Young children and the rebuilding of New Orleans**
- **Resiliency Research: Implications for Schools and Policy (PDF document)**
- **Resilience for Kids & Teens**
- **"Resiliency: What we have learned" (2004) B. Bernard, WestEd**
- **Risk and promotive factors in families schools, and communities: a contextual model of positive youth development in adolescence** (Pediatrics)
- **Student health risks, resilience, and academic performance in California: Year 2 Longitudinal Analysis (2003)**
- **THRIVE: Tool for health and resilience in vulnerable environments**
- **Turning It Around for All Youth: From Risk to Resilience**
- **Validation of the risk and resiliency assessment tool for juveniles in the Los Angeles County probation system (2005) S. Turner, et al, Rand**

Clearinghouse Archived Materials

- **American Indian-Alaska Native Youth Health**
- **Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets**
- **CMHS School Violence Prevention Initiative**
- **Drug-Free Schools and Communities**
- **How to Bring and Asset Orientation to your Work**
- **Juvenile Justice Bulletin: Serious and Violent Juvenile Offenders**
- **Protective Factors in Childhood and Adolescence**
- **Protective Process in Adolescence: Matching Stressors with Social Resources**

- [Resilience: Status of the Research and Research-Based Programs](#)
- [Special Education: Model Mental Health Programs and Educational Reform](#)
- [Urban Youth Under Stress: Empirical Identification of Protective Factors](#)

Related Agencies and Websites

- [Assets Project- Special Education Service Agency](#)
- [Building Up Strengths In Youth (B.U.S.Y.)](#)
- [Center for Applied Research and Educational Improvement](#)
- [Center for Educational Research and Development](#)
- [Center for Research on the Education of Students Placed at Risk](#)
- [Connecticut Assets Network on Education, Diversity, and Excellence](#)
- [CYFERNet- Children, Youth, Families Education and Research Network](#)
- [National Youth Development Information Center](#)
- [Resilience Project](#)
- [Resiliency in Action](#)
- [ResilienceNet](#)
- [Search Institute](#)

Relevant Publications That Can Be Obtained through Libraries

- "The contribution of developmental assets to the prediction of thriving outcomes among adolescents." Scales, P.C., Benson, P.L., Leffert, N., & Blyth, D.A. (2000). *Applied Developmental Science, 4,* 27-46.
- *Coping with divorce, single parenting, and remarriage: A risk and resiliency perspective.* Hetherington, E. Mavis (Ed.). (1999). Mahwah, NJ: Erlbaum.
- "The first-born sons of African American teenage mothers: Perspectives on risk and resilience." (1997). By Apfel, Nancy; & Seitz, Victoria. In Suniya S. Luthar & Jacob A. Burack (Eds.), *Developmental psychopathology: Perspectives on adjustment, risk, and disorder*. (pp. 486-506). New York: Cambridge University Press.
- *Fostering Resiliency in Kinds: Protective Factors in the Family, School and Community.* Benard, B. (1991). Portland, OR: Western Regional Center for Drug-Free Schools and Communities.
- *Helping Teens Handle Tough Experiences Strategies to Foster Resilience.* By Nelson, Jill R. & Kjos, Sarah. (2008). Search Institute Press. Minneapolis, MN.
- *How to Make Friends: Building Resilience and Supportive Peer Groups*. By Macconville, Ruth M. (2008). Sage Publications Ltd. London, UK.
- "Mobilizing communities to promote developmental assets: A promising strategy for the prevention of high-risk behaviors." By Benson, P.L. (1998). *Family Science Review,11,* 220-238.
- *Promoting Resilience in the Classroom: A Guide to Developing Pupils' Emotional and Cognitive Skills*. By Cefai, Carmel. (2008). Jessica Kingsley Publishers, London, UK.
- *Resilience in Action: Working with Youth Across Cultures and Contexts*. by Liebenberg, Linda Ungar, Michael (Eds.). (2008). University of Toronto Press. Toronto, ON, Canada.
- *Resiliency in families: Vol. 4. The dynamics of resilient families.* McCubbin, Hamilton I.; & Thompson, Elizabeth A. (Eds.). (1999). Thousand Oaks, CA: Sage.
- "The Rochester Child Resilience Project (RCRP): Facts found, lessons learned, future directions divined." Cowen, Emory L.; Work, William C.; & Wyman, Peter A. (1997). In Suniya S. Luthar & Jacob A. Burack (Eds.), *Developmental psychopathology: Perspectives on adjustment, risk, and disorder*. (pp. 527-547). New York: Cambridge University Press.
- "The role of family support programs in building developmental assets among young adolescents: A national survey of services and staff training needs." By Scales, P.C. (1997). *Child Welfare, 76(5),* 611-635.
- *Stress, coping, and resiliency in children and families.* Hetherington, E. Mavis; & Blechman, Elaine A. (Eds.). (1996). Mahwah, NJ: Erlbaum.

TOPIC: Mentoring

The following reflects our most recent response for technical assistance related to this topic. This list represents a sample of information to get you started and is not meant to be exhaustive.
(Note: Clicking on the following links causes a new window to be opened. To return to this window, close the newly opened one.)

Center Developed Documents, Resources and Tools

    Articles

        ○ **Please also refer to Section I of Rebuilding Community: A Guidebook for Learning Supports** for the segment entitled "Moving Diamond: Volunteer Mentoring."

    Technical Aid Packet

        ○ **Volunteers to Help Teachers and Schools Address Barriers to Learning** Packet:
        ○ From our **Welcoming and Involving New Students and Families** Packet:
            ■ Please refer to the section of "Appendix F: Community Outreach for Involvement in Schooling" entitled **Mentor/Volunteer Programs**
            ■ **Welcoming: A Special Friend for a New Student**

    Technical Assistance Sampler

        ○ **Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning** Packet:

Other Relevant Documents, Resources, and Tools on the Internet

- **Adults do Matter to Kids: The Potential Role of an Adult Mentor in Influencing High-Risk Behaviors in Adolescents**
- **Building a Sustainable Mentoring Program: A Framework for Resource Development Planning**
- **Effective Mentor Recruitment: Getting Organized, Getting Results**
- **Evaluating Your Program: A Beginner's Self-Evaluation Workbook for Mentoring Programs**
- **Foundations of Successful Youth Mentoring: A Guidebook for Program Development**
- **Generic Mentoring Program Policy and Procedure Manual**
- **Going the Distance: A Guide to Building Lasting Relationships in Mentoring Programs**
- **Group Mentoring: A Study of Mentoring Groups in Three Programs**
- **Guide to Screening and Background Checks** (U.S. Department of Education Mentoring Program)
- **Make a Friend: Be a Peer Mentor**
- **Making the Grade: A Guide to Incorporating Academic Achievement into Mentoring Programs and Relationships**
- **Measuring the Quality of Mentor Youth Relationships: A Tool for Mentoring Programs**
- **Mentoring Children in Foster Care: Considerations and Partnership Strategies for Senior Corps Directors**
- **Mentoring Children of Incarcerated Parents**
- **Mentor: Expanding the World of Quality Mentoring**
- **Mentor Program Handbook**
- **Mentor Recruitment Kit, from the Office of Juvenile Justice and Delinquency Prevention**
- **Mentoring Program Development: A Start-up Toolkit**
- **Mentoring: A promising strategy for youth development**
- **Mentoring - A Proven Delinquency Prevention Strategy**
- **Mentoring in Schools**
- **The Mentoring of Disadvantaged Youth**

- **Mentoring Sexual Minority Youth**
- **New Perspectives on Mentoring**
- **Ongoing Training for Mentors: 12 Interactive Sessions for U.S. Department of Education Mentoring Programs**
- **Preparing Participants for Mentoring: The U.S. Department of Education Mentoring Program's Guide to Initial Training of Volunteers, Youth, and Parents**
- **Read with Me: A Guide for Student Volunteers Starting Early Childhood Literacy Programs.**
- **Recruiting, Supporting, Training Mentors(2001)Technical assistance packets**
- **Same-Race and Cross-Race Matching**
- **School-Based Mentoring: A closer look**
- **Supporting Mentors**
- **Sustainability Planning and Resource Development for Youth Mentoring Programs**
- **Teacher Mentoring: A Critical Review**
- **Teachers as Learners: How Peer Mentoring Can Improve Teaching**
- **Training New Mentees: A Manual for Preparing Youth in Mentoring Programs**
- **Tutor/Mentor Connection**
- **Yes, You Can: A Guide to Establishing Mentoring Programs to Prepare Youth for College**

Clearinghouse Archived Materials

- **Evaluating your Program: A Beginner's Self-Evaluation Workbook for Mentoring Programs**
- **Project K.I.C.K., A School-Based Drug Education Research Project --Peers, Parents and Kids**
- **Mentoring Programs for At-Risk Youth**
- **On the Scene: Academic Growth Group and Mentoring Program for Potential Drop-Outs**

Related Agencies and Websites

- **Mentoring Projects, Resources & Links**
- **The Mentors in Schools Network**
- **National Mentoring Center**
- **Peer Resources**
- **The National Mentoring Partnership**
- **The National Peer Helpers Association**
- **Telementoring Programs Designed to Help Students Master Challenging Mathematics, Science and Technology**

Relevant Publications That Can Be Obtained through Libraries

- Campbell-Whatley, Gloria D.; Algozzine, Bob; Obiakor, Festus. Using mentoring to improve academic programming for African American male youths with mild disabilities. School Counselor. 1997 May. 44 (5): p. 362-367.
- Dearden, Jackie. Cross-age peer mentoring in action: The process and outcomes. Educational Psychology in Practice. 1998 Jan. 13 (4): p. 250-257.
- Casey, Kerry M. A.; Shore, Bruce M. Mentor's contributions to gifted adolescents' affective, social, and vocational development. Roeper Review. The Roeper School: US, 2000 Jun. 22 (4): p. 227-230.
- Dennison, Susan A win-win peer mentoring and tutoring program: A collaborative model. Journal of Primary Prevention. 2000 Spr. 20 (3): p. 161-174.
- Einolf, Louise H. Mentoring to prevent school drop outs. Journal of Behavioral Education. 1995 Dec. 5 (4): p. 447-459.
- Ellis, Julia; Small-McGinley, Jan; Hart, Susan. Mentor-supported literacy development in elementary schools. Alberta Journal of Educational Research. 1998 Sum. 44 (2): p. 149-162.
- Flynn, Linda. The adolescent parenting program: Improving outcomes through mentorship. Public Health Nursing. 1999 Jun. 16 (3): p. 182-189.
- Gilligan, Robbie. Enhancing the resilience of children and young people in public care by mentoring their talents and interests. Child & Family Social Work. 1999 Aug. 4 (3): p. 187-196.
- Hamilton, Stephen F.; Darling, Nancy. *Mentors in adolescents' live*s. In: Klaus Hurrelmann, Ed; Stephen F. Hamilton, Ed; et al. Social problems and social contexts in adolescence: Perspectives across boundaries..

Aldine De Gruyter: New York, NY, USA, 1996. p. 199-215 of xiv, 299pp.

- Kalbfleisch, Pamela J.; Anderson, Arlyn. *Mentoring across generations: Culture, family, and mentoring relationships*. In: Hana S. Noor Al-Deen, Ed; et al. Cross-cultural communication and aging in the United States.. Lawrence Erlbaum Associates, Inc., Publishers: Mahwah, NJ, USA, 1997. p. 97-120 of xxii, 257pp.
- McKenzie, Julie; Mikkelsen, Edwin J.; Stelk, Wayne; Bereika, Gerald; Monack, Donald. *The role of a home-based mentor program in the psychiatric continuum of care for children and adolescents*. In: Lee Combrinck-Graham, Ed; et al. Children in families at risk: Maintaining the connections.. The Guilford Press: New York, NY, USA, 1995. p. 209-227 of xvii, 429pp.
- Muscott, Howard S.; O'Brien, Sara Talis. Teaching character education to students with behavioral and learning disabilities through mentoring relationships. Education & Treatment of Children. 1999 Aug. 22 (3): p. 373-390.
- Rhodes, Jean E.; Haight, Wendy L.; Briggs, Ernestine C. The influence of mentoring on the peer relationships of foster youth in relative and nonrelative care. Journal of Research on Adolescence. 1999. 9 (2): p. 185-201.
- Schatz, Ellie. Mentors: Matchmaking for young people. Journal of Secondary Gifted Education. 1999-2000 Win. 11 (2): p. 67-87.
- Terry, Julie. A community/school mentoring program for elementary students. Professional School Counseling. 1999 Feb. 2 (3): p. 237-240.
- Waller, Margaret A.; Brown, Bernice; Whittle, Brenda. Mentoring as a bridge to positive outcomes for teen mothers and their children. Child & Adolescent Social Work Journal. 1999 Dec. 16 (6): p. 467-480.

We hope these resources met your needs. If not, feel free to contact us for further assistance. For additional resources related to this topic, use our **search**
page to find people, organizations, websites and documents. You may also go to our **technical assistance page** for more specific technical assistance requests.

If you haven't done so, you may want to contact our sister center, the **Center for School Mental Health** at the University of Maryland at Baltimore.

If our website has been helpful, we are pleased and encourage you to use our site or contact our Center in the future. At the same time, you can do your own technical assistance with **"The fine Art of Fishing"** which we have developed as an aid for do-it-yourself technical assistance.